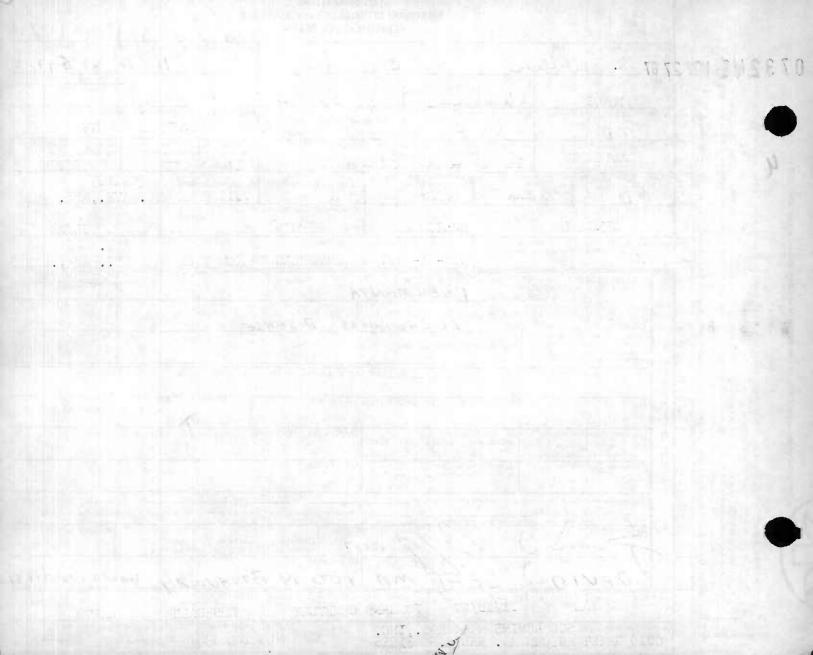
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ORE,	16a. V	VAS DECEASED EVER IN U.S. AR	MED FORCES?	166. SOCIAL SI	ECURITY NO.	17. INFORMANT	ADDRESS	APT.	403	
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E / /2 5						TANNADELLE L	MULCII / III F			
BAL paper naval. ent, th		18. CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	ly ane cause per	line far (a), (b),	, and (ch)			- 80	APPROXIMATE	AND DEATH
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re death arritine e attending to motion, or rem motion, or rem retroumatic ev		IMMEDIA	IE CAUSE (0)			,				
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been remit.	S	190. DATE OF OPERATION	196. COND	ITION FOR WH	ICH OPERATIO	N WAS PERFORMED		20b. IF YES, WERE IN CERTIFYING C		
	E						YES NOT	YES 🗍		0 🗇
ON OF VITAL F HYSICIAN: The dring physicion. is certificate ha burial-transit p Mental Hygien or Hem 18 show	2	210. ACCIDENT WAS UNDERLYING	1 216. TIME O	FINIURY		21c. HOW INJURY OCCUR	1000	IN ITEM IS PART LORG	PART 21	- Land
A troop and the second		OR CONTRIBUTING CAUSE OF DE	4	M. MONTH	DAY YEAR	The Fred Wardship Geedki	LED LEMIER MAIDRE & IMJOR!	THE THE PART TORP	An (2)	
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SION O	MEDICAL	21d. INJURY OCCURRED	21e. PLACE	OF INJURY		211 LOCATION				
//SIC 3 PH Trens trens the 1 and ced o	¥	WHILE NOT WHILE	(AT HOME STE	REET, FACTORY, OFFI	CE, FARM, ETC }	STREET	CITY OR TOWN	COL	INTY	STATE
		AT WORK NOT WHILE						100000		
Do vent	-	22a I certify that (I) (this hosp	ital) attended th	e deceosed fro	m	19	to	19	, that	(I) (we) lost
# # U =		saw the deceased alive on		16	901	id that in (my) (bur) apinion	death occurred on the date	and haur and fr	am the caus	es stated
Section 25 pt 17 p	-3	above, (f) (we) (did) (did no	it view the body	offer death.	06.0					
OR A per hos or both of them if them		234 SIGNATURE	1	// /	7 11	DEGREE		220	DATE SIGN	IED
the Destance of the Control of the C		Twen.). /	19/	/ m	ATTENDING	MEDICAL STAFF	NO		
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TO HOSPITAL retained by the TO FUNERAL should be dete with the State IMPORTANT: I	220 0	RUDIAL CREMATION DEMOVAL	Took DATE	12	3. NAME OF C	EMETERY OR CREMATORY	23d LOCATION			
	230. 6	BURIAL, CREMATION, REMOVAL	11/19	187			CITY OR TOWN	COUNT	ſΥ	STATE
RP					FORBAND	CEMETERY	ROSEDALE	BA	LTO	MD
	24. FU	INERAL DIRECTOR SOL L	EVINSON	& BROS	INC		E REC'D. BY REGISTRAR 25	b. REGISTRAR'S	IGNATURE	
	60	010 MEISTER TOW	N RD R	AL'I ADDRE	21215	NO	V 25 1987	julia David	won-Ran	dass
(VRA 15, 4)	- '						1001			



172237 NOV 23	67	FOR STATE REGISTRAR			CERTIF	OF MARYLAND EALTH AND MENTAL HYGICATE OF DEATH	S FREC	3. NO. 🔞	1 2	1 8
11 2 7 2 1 MAY 51		CEASED NAME FIRST	. 15	MIDDLE		AST	20. DATE OF DEAT		DAY YEAR	26. HOUR A.
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fer.p	3. SE	X	4. RACE		S. DATE C		6. AGE (IN YEARS LAS		MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
oge urs o	30	MALE	WHITE		FEB.	14, 1925 TEAR	62	TKS.		
oth. P.		IRTHPLACE (STATE OR FOREIGN COUNTRY)	77 1 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	WHAT COUNTRY?	8. MARRIE	NEVER MARRIED	9. BALTIMORE CIT	_		
9 5 5		RYLAND	USA		WIDOWE			ORE COU		MD.
by the fu	I	UTHERVILLE	61 SE	CH FACILITY, GIVE STREET A	RM RD	R OTHER INSTITUTION	170. USUAL OCCUI (TYPE OF WORK FOR MI SPORTS W	OST OF WORKING LIF	EI INDUSTRY	AMERICAN
AND 212 AND 212 filled in full be in	13a.	AL RESIDENCE (IF NURSING HOME OF STATE 136, COU IARY LAND BA	NTY ALTO.	GIVE RESIDENCE BEFORE 134. CITY OR TOWN LUTHERVI	4	134. INSIDE CITY LIMITS? YES X NO	13. STREET ADDRE 61 SEMI	ss NARY FA	RM RD.	21093
RE, MARYLAND 21201 ecuted within 24 hours of completely filled in by es Tond 2 should be file icol exdminer must be no		ATHER'S NAME FIRST JACOB	WIDDLE	ESKRI DGE		15. MOTHER'S MAIDEN NA. FIRST SAD]	WILL	LE	SUGĂÎ	R .
BALTIMORE, be executed and compares. Poges of the medical and		WAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) I IF YES, G	RMED FORCES?	212-20-0		17. INFORMANT MRS. 61 SEMINARY				MD 21093
95, 201 W. PRESTON Squires that he about of her pieces remove carbo to buriol, cremation, as a qury, or other troumatic.	Z	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT	(b) DUE TO, C	DR AS A CONSEQUE	NCE OF	O GLIOBL		ONDITION GIV	'EN IN PART 1	0'
DIVISION OF VITAL RECORDS NG PHYSICIAN. The law requirallending physician ther this certificate has been as at the burial-transfreement. The hand Mental Hypiere prior to acked or free 18 shows any inju-	CERTIFICATION	190 DATE OF OPERATION		DITION FOR WHICH O		NWAS PERFORMED POLECUHES FOR	20a AUTOPSY?	IN CERTIF	S, WERE FINDING CAUSES	
OF VIT	NEDICAL CEN	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	21b. TIME O	OF INJURY I.M. MONTH DA P.M.		21c. HOW INJURY OCCUR	RED (ENTER NATURE OF	INJURY IN ITEM 18 P	PART 1 OR PART 2)	
WISION offender ter this of the bur to nd M	MEDI	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY TREET, FACTORY, OFFICE, FA	RM, ETC)	211. LOCATION STREET	CITY	OR TOWN	COUNTY	STATE
ATTENDS organization or ECTOR Ald for vise and at 1 1 1 model.		27a. F certify that (I) (this has sow the deceased alive obove, (I) (we) (did) (did no 27b. SIGNATURE	U SEPT	enBer 19	87, or	d that in (my) (our) opinion	death occurred on the		r and from the	
by the high person of the high p		22d PHYSICIAN'S NAME (TYPE	orles	9 Haile			MEDICAL DIRECTOR PH	STAFF YSICIAN [122c. DATE	23, 1987
O HOSPITA TO FUNERA TO FUN		CHA	HES I	A HAILE 1		7600 054	en anus	70WS0	N, MA	21204 PYLAND
ВР		BURIAL, CREMATION, REMOVA (SPECIFY) BURIAL	NOV.2	3,1987	MD VE	TERANS	OWINGS		BALTO.	
DHMH - 16 50M 1/81 (VRA 15, 4)		UNERAL DIRECTOR SOL 1		BALTO.,MD		21215 N	E REC'D. BY REGIST 19	87 REGIST	HAR'S SIGNAT	URE Rendalls

			OR [1	NK.#87-1	10	DEPART	STAT MENT OF H	E OF MA			VCIENE					
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EA	ZE COLO	3 SEX		4. RACE	5. DATE OF BIRT	ricia H	6. AGE IN YEAR	S IF UNDE		IF UNDER 2		DATE	MON		YEAR	24 HQU
ARY, F	FRAL DIRECTOR. OR YOUR FILES. WITHIN 72 HOURS RESTON STREET,		male	White	March 1			Morting	DAYS	HOURS		DEAD		11-24	1987	1:48 P.
SS	A FEE		THPLACE IS		76. CITIZEN OF	WHAT COUN	VTRY?	MARRIED	☐ NEV	ER MARRIE	D 0 9. B	ALTIMORE C	ITY OR CO	DUNTY OF DE	ATH	
五	C 32 2		Maryla	and		SA		WIDOWED		DIVORCE	DE	Baltimo	re Co	unty,		M
12	はいますべく	10 CI1	Y OR TOWN	OF DEATH	11. NAME OF HO		RSING HOME,	OR OTHER	INSTITUT	ION	12a. USUAL	OCCUPATION OF WORKING LIFE	TYPE OF WO		D OF BUS	
¥.	DOMES OF		Pi ke sv	lle	7407	Dorma	n Drive					Jurse	c)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
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MORE, MD. 21201 ER DEATH, IFWAY	COD !	ui.i	ryland	Balti			sville		YES [NO 🗆		Glenro	ock Ro	1. 212	208	
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W C X	N S S I	16a W	AS DECEASE	DEVER IN U.S. AR			CIAL SECURITY	NO. 17	INFORM	MANT	CC	29780	Resmbe	er Ridg	ze Dr	r -
5/5	SSE	(16	No. OR UNKNO	(IF YES, GIVE	WAR OR DATES)		?		Lewi	s E.	Jones	Mt. A				
1 8	ESTE /			F DEATH (Enter pr	nly one couse per li	ne for (a) (b) and (c))		20112		001102	7 110 8 2	.11.79	APPI	ROXIMATE I	
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DS.	AND	-	PART 2 DINER SI	GNIFICANT CONDITIONS	CONTRIBUTING TO BEAT	IN BUT NOT BELL	TEO TO THE TERMIN	AL DISEASE DA	CONDITION	CIDEN IN BART						
DIVISION OF VITAL RECORDS, S.CERTIFICATE SHOULD BE EXECT	KRIING THE WORD "PENDING" IN PARISHER SED TO THE CHIEF MEDICAL EXAGE 3 SHOULD BE USED AS A BURIAL. TE DEPARTMENT OF HEALTH AND MEDICAL CREMATION,	Z					CICO TO THE TERMIN	AL DISEASE OF	COMBILION	OITER IN PARI	1 1 0					
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ä.	SE SES	13.7	22a. I certif	y that I took char	ge of the remains d			Autopsy	XX.	Inspection	L. 11	nquiry .	and in m	пу артпіап		
- 3	E H DES		death resulte	ed rom: Notu	rol couses .	Accident	X, Suic	ide .	Homici	ide	Undetermi	ned manner				
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3	A A A SE		SIGNATURE		X			M.D.	cepui	cy CIII		EXAMINER	SK	GNED 11	-25-	8/
Ď.	SEN THE		EXAMINER'S	NAME AND	M Di					111 p.		5 1			1001	
¥ 0	A CE S		(TYPE OR PRIN	ATILI	M. Dixor							., Bal	10.,	Ma. 2	1201	
F	EXECUTE THE CERTIFY PAGE SHOULD BE TO FUNERAL DIRECT AFTER DEATH, WITH BALTMORE, MARK	23a.BU	ECIFY)	TION, REMOVAL			NAME OF CEM		REMATO	RY	23d. LOCAT	WN .		COUNTY	STA	TE
07/84 B	P	24 5	Cremat	tion I	Dec.2, 19	87	West	riew				ltimore		aryland		Par
	DHMH - 17	24 FU	NERAL DIREC		ADDRE	ss			Di	E CATE RE	4 1987	GISTRAR. 25b	REGISTRAR	R'S PIGNATU	Eli	
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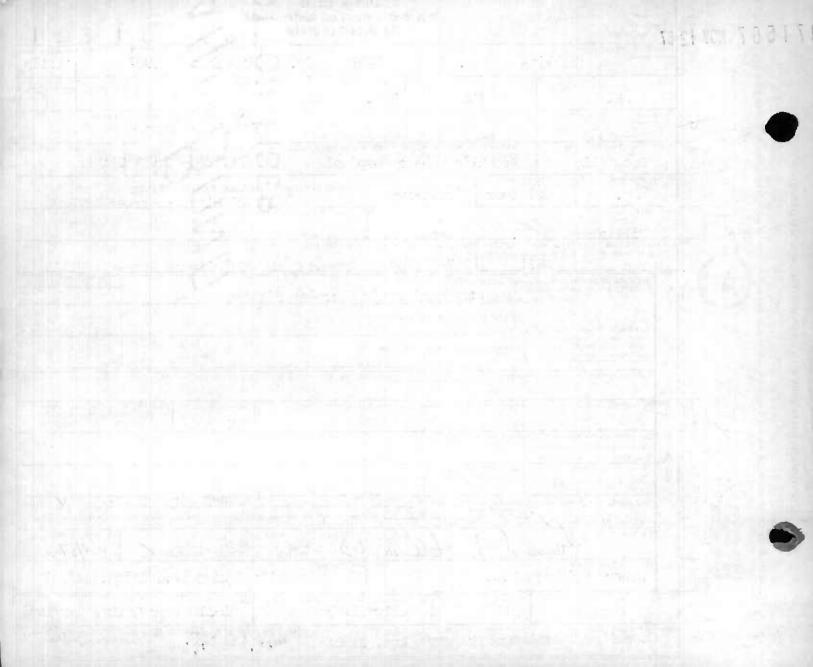
Grenteston Pac. 2, 1937 Instrument

Olin L. Molenberg, P.A., Moleseup, Ud.

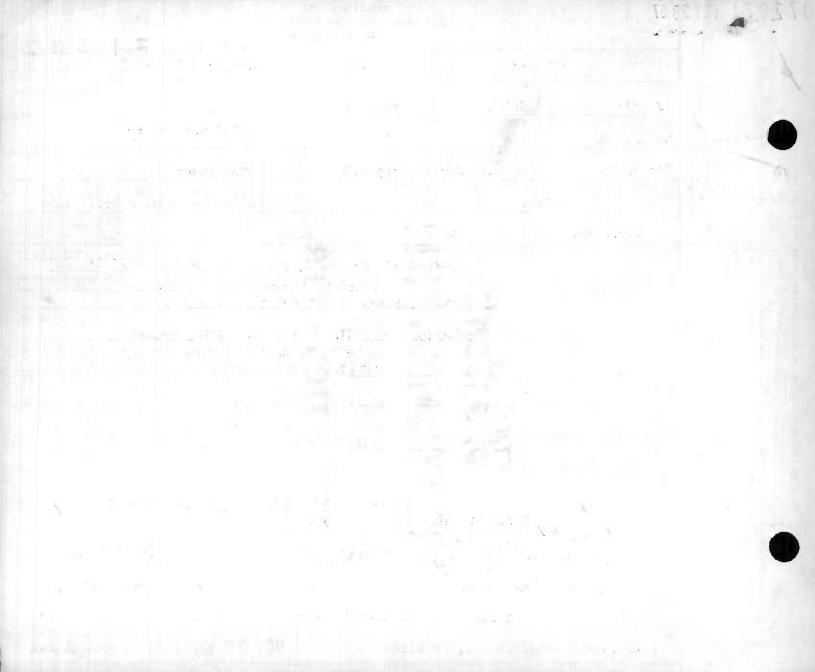
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	n 6-			EASED NAME OR PRINT)	FIRST		MIDDLE		AST	C	26. DATE OF DEATH		Y YEAR	26 HOUR
	may be page 3		3. SEX		John	W j	lliam	5. DATE C	ANS	Sr.	November		UNDERLYEAR	7:30a M
	ctor. p		3. SEA	Male	ľ		ite			1911	76		INTHS DAYS	HOURS MIN.
-	Pag dire hour	3,		RTHPLACE (STATE OR	FOREIGN 7	b. CITIZEN OF		TRY? B			9 BALTIMORE CIT	Y OR COUNTY	OF DEATH	
3	nness 72	Con	N	Maryland		U.S.		WIDOWE	D D	MARRIED	Baltimore	County		MD.
10	by the fu	notified		ossville		(IF NOT IN SUC	H FACILITY, GIVE	JRSING HOME C STREET ADDRESS) LICE HOSP:		NOITUTITE	12g USUAL OCCUP TYPE OF WORK FOR MO Maintena	ST OF WORKING LIFE)	INDUSTRY	Steel
5120	24 h	\$5	13a S	TATE Aryland	Balti	OTHER INSTITUTION	GIVE RESIDENCE I 134. CITY OR ESSEX	BEFORE ADMISSION)		CITY LIMITS?	13e STREET ADDRES 504 S. M	ss / ZIP CODE	21221 /e. Ap	t 2A
MARYLA	moletely and 2, sh	30	14 FA	THER'S NAME FIRST Frank	M	NOOLE	Evan			'S MAIDEN NA Bith	MIDDL		- 3	Hachtel
ORE,	Poges	medicol		AS DECEASED EVER		MED FORCES?		SECURITY NO	17 INFORM			DRESS		03.003
TIW	be e	0		No			-	0-8967	John	W. Evan	s, Jr., 95	ol Martin		21221
. BA	hysic pape pape	ent, th		18 CAUSE OF DEAT PART I. DEATH V	TH (Enter only VAS CAUSED	y one couse per	line for to 1, (b	espirato	nry ari	rost			BETWEEN	CIMATE INTERVAL LONSET AND DEATH
Certificant in property of the					IMMEDIATE				or y arr	<u> </u>	-21			
ESTO	death offend ove co fion, c	omno		Conditions, if any		((b) (Carcino	ma of the	ne lund	1	42 3			
W. PR	by the ose remo	other tr		gave rise to im cause (a), stati underlying cause	ng the			ma of the	ne pros	state w	ith metast	asis		
DS, 20	signed hen ple to burio	ijury, ar	NO	PART 2 OTHER SIG	NIFICANT CO						AINAL DISEASE OR C		N IN PART 1	io
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	on. hos been t permit. I	Sony in	CERTIFICATION	196 DATE OF OPERA	TION	196 COND	ITION FOR W	HICH OPERATIO	N WAS PERF	ORMED	200 AUTOPSY?	IN CERTIFY		INGS USED S OF DEATH?
OF VII	SICIAN: T ng physici certificate grial-transi	18 sh	1	216. ACCIDENT WAS UN OR CONTRIBUTING	CAUSE OF DEAT	*1	FINJURY M. MONTH M.	DAY YEAR	21c HOW I	NJURY OCCUR	RED (ENTER NATURE OF	INJURY IN ITEM 18 PAR	RT I OR PART 2)	-
VISION	3 PHYSI ittending or this ce the burn and Mer	ed or he	MEDICAL	21d INJURY OCCUR	RRED	21e PLACE	OF INJURY REET FACTORY, OF		211 LOCAT		CITY O	RIOWN	COUNTY	STATE
ā	tal or	is morked		220 I certify that was saw the decease above, (News)	(this hospite	Novembe	e deceased fi	November 87	er 3	, 19.87 (our) opinion	to Novemb		9 87	, that (I (we) lost
	RECT ed fo	em 2		226. SIGNATURE	(did) (did)(ot	view the body	ofter death.		DEGREE					E SIGNED
-	TAL OF TAL OF RAL DIII detach tote De	±		RA	Me	VN	>			ATTENDING PHYSICIAN [MEDICAL STREET OF PHY	STAFF	11/	5/87
	TO HOSPITAL (retained by the TO FUNERAL (should be deta with the State (MPORTAN		Richard	Dutton	, M.D.			9000	Frankli	n Square D	r., Balt	to., 2	1237
	2 8 2 8 3 BP	≤		URIAL, CREMATION SPECIEY) Burial	, REMOVAL	236. DATE NOV - 7	1	23t NAME OF C		CREMATORY	23d LOCATION CITY OR TOWN		county	Md.
	DHMH - 16 60M	7/84		DEERTRECOR P		JRG FUN	ERAL HO				TE REC'D. BY REGISTE	AR 256. REGISTR	ar's signa	TURE
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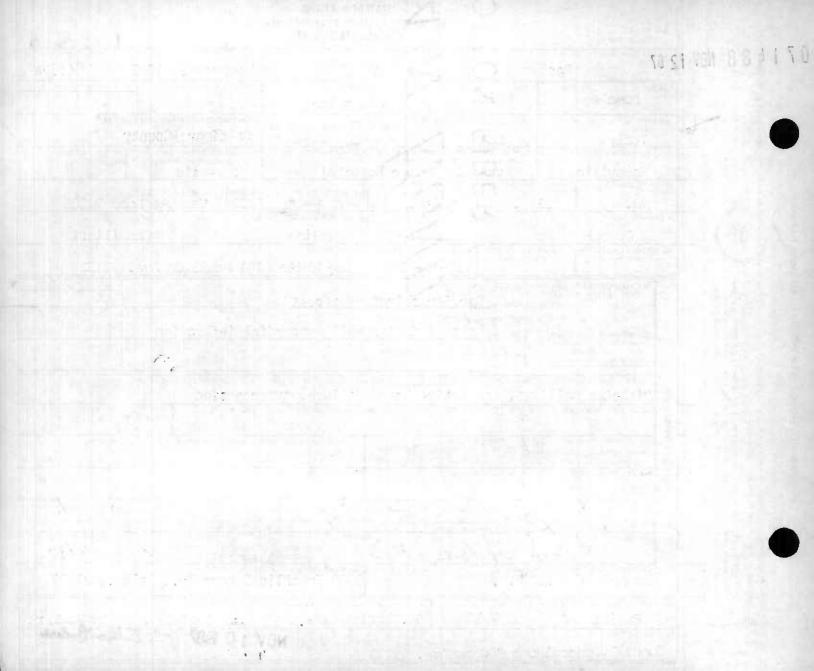
STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



7367 DEC -	2,8	FOR STATE REGISTRAR		STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH SEG. NO 3 1 2 2 3								
7.2		CEASED NAME	FIRST		MIDDLE		LAST	2	20. DATE OF DEATH MONTH DAY YEAR 26 HOUR			26 HOUR
eo pe	(TYPE	OR PRINT) An	toine	ette	E.	Ey			November	30,198	7	12:35a
Page 4 may be director. page 3 nous after death	3. SE	Female		4. RACE Whit	e		of Birth the 9th 1921 year		6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER IMONTHS YRS.			IF UNDER 24 HR
death. Par funeral diri hin 72 hou		RTHPLACE STATE OR FO	DREIGN	76. CITIZEN OF		MARRII WIDOW	D NEVER MARRIED		BALTIMORE CITY O			^
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DHMH - 16 50M 1/81 (VRA 15, 4)	24 FI	ineral director ConnellyFun	erall			Ave. 212	250	DATER	REC'DABY REGISTRAR	256 REGISTEAT	rs signati	URE



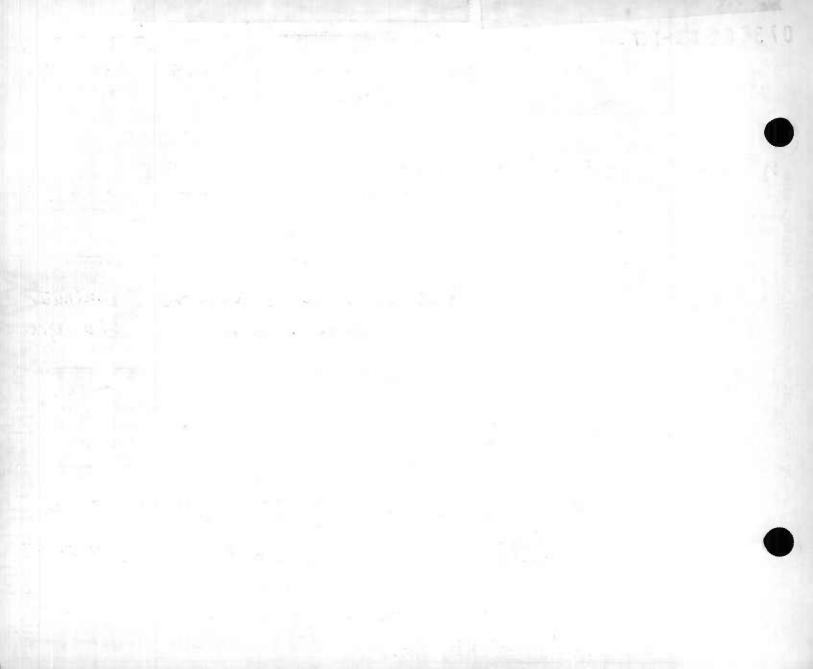
(VRA 15, 4)



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 20. DATE KNOWN (TYPE OR PRINT) S NECESTAL DIRECTORY
JE 5 FOR YOUR FILES.
ED, WITHIN 72 HOURS
ED, WARENON STREET, ESTI-James C. Fazio 11-20-87 DEATH MATED 4 RACE SEX 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 2c. DATE 3:201 39 YEAR 18 DAY 48 Male White 11-20-O BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X Massachusetts U.S.A. Baltimore County BETHED, DAY IS PAGE 5 ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 176 KIND OF BUSINESS None None Quality Court Motel Newer Worked Towson 13d INSIDE CITY LIMITS? 13e STREET ADDRESS South - 21208 BALTIMORE, MD. 21201 Maryland Balto. Pikesville 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Minnie James Fazio Abramo 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS yes Unknown 023-30-6691 Mrs. Minnie Fazio Same as 13e 18. CAUSE OF DEATH (Enter only one cause per line for (b), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Contact quishot wound of head SED AS A BURIAL-TRANSIT PER F HEALTH AND MENTAL HYGIEN IAI, CREMATION, OR REMOVAL DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (b) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 DITHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? MENT OF TO BURIA YESX TO MEDICAL EXAMINER: THIS CERTIFICATE SI EXECUTE THE CERTIFICATE, WRITING THE WO PAGE 4 SHOULD BE FORWARDED TO THE C TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE AFFER DEATH, WITH THE STATE DEFEMENT BALTIMORE, MARYLAND, 21201 PHOR TO BU 210. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 2:40PM 11-2 UNDERLYING NOR Self inflicted CONTRIBUTING CAUSE OF DEATH 211. LOCATION 21e PLACE OF INJURY (ATHOME. 214 INJURY OCCURRED FACTORY, FARM, ETC. Quality Court Motel, Towson, Baltimore Co.MD WHILE AT WORK motel Autopsy X 72a I certify that Lippi Inspection and in my painian death resulted to Homicide L Undetermined monner TITLE (SPECIFY) ACTUAL 11-21-87 Chief SIGNATURE MEDICAL EXAMINER EXAMINER'S NA 111 Penn Street, Baltimore, MD 21201 John E. Smialek, M.D. TYPE OR PRINT ADDRESS 230 BURIAL CREMATION REMOVAL 236 DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION Entombment STATE 11/24/87 Dulaney Valley Mem. Gdens Timonium Balto. Md. 07/84 25M 24. FUNERAL DIRECTOR 1050 York Rd 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE **DHMH - 17** Ruck Towson Funeral Home, Inc. wie Deviden Bandalle 21204 (VR A15 ME (5))

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HOSPITAL need by th	P Store		224 PHYSICIAN'S NAME (TYPE O	V.VQU1	PHYSICIAN 22e ADDRESS		
OF U	whould b		James Bloomer,	M.D.	9000 Frankl	in Square Dr., Bal	to., 21237
5 5 5	213	23a. I	SURIAL, CREMATION, REMOVAL		A. NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
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STATE OF MARYLAND

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Md. 2123

IF UNDER 24 HRS

NO [

Baltimore.

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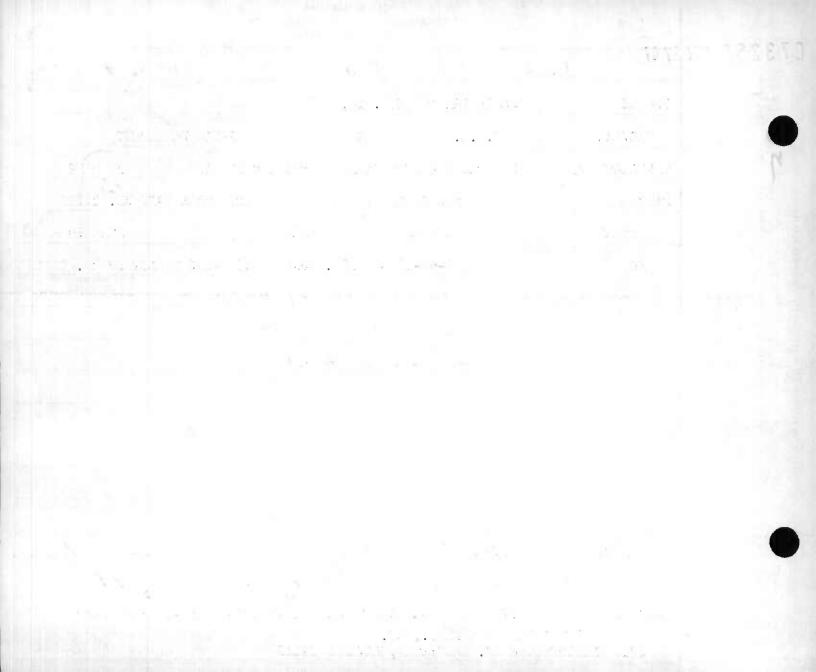
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(SPECIFY)

24 FUNERAL DIRECTOR

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OR ATTENDIOR bospitol or DIRECTOR: A ched for use Dept. of Heol		220. I certify that (1) (this hasp sow the deceased alive an above, (1) (we) (did) (did no 22b. SIGNATURE	, ta	22c. DATE SIGNED			
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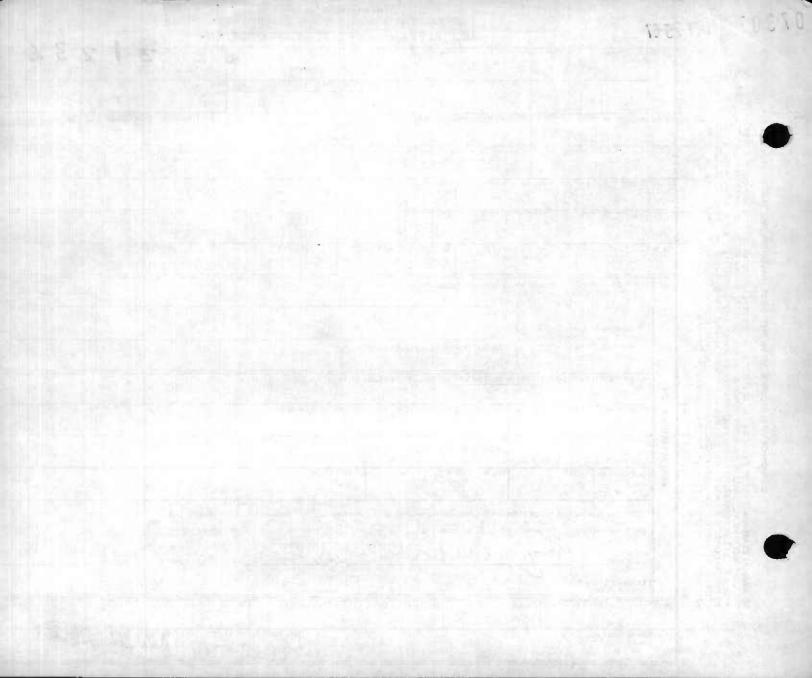
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FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO CYPE OR PRINT) 20 DATE OF DEATH 3 3 SEX & AGE LIN YEARS LAST BIRTHDAYS IF UNDER I YEAR 5 DATE OF BIRTH IF UNDER 24 MRS 7h. CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** I STATE OR FOREIGN MARRIED NEVER MARRIED IL CUTY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR ACILITY, GIVE STREET ADDRESS) INDUSTRY 21234 13a. STATE 113d. INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE MIDDLE FIRST SCHRECK 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES GIVE WAR OR DATES) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), jb., and ic-PART I. DEATH WAS CAUSED BY in comme IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (0), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 200 AUTOPSY? 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 90 NOF NO [Hygi 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR WART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH nto (IF FITHER NOTIFY MEDICAL EXAMINER) P.M 19 21d INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY 20 COUNTY CITY OR TOWN STATE (AT HOME STREET FACTORY OFFICE FARM ETC.) STREET arked NOT WHILE AT WORK 22a.1 certify that (1) (this hospital) attended the deceased from, and that in (my) (aur) apinian death accurred on the date and haur and from the causes stated 226. SIGNATURE 22c DATE SIGNED DEGREE ATTENDING be deto e Stote [PHYSICIAN T should b MPORT 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 230 BURIAL CREMATION REMOVAL 23b DATE 24 FUNERAL DIRECTOR DHMH - 16 60M 7/84

(VRA 15, 4)

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STATE OF MARYLAND 073079 NOV 25 6 PATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO 1. DECEASED NAME KNOWN (TYPE OR PRINT) OF ESTI-Dorothy DEATH MATED X Freeman 100 4. RACE IF UNDER 1 YR. 3 SEX 5. DATE OF BIRTH AGE (IN YEARS IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED 11-20-1950 37 DEAD female black 9. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE ISTATE OR 7b. CITIZEN OF WHAT COUNTRY? MARRIED XX NEVER MARRIED Baltimore City USA DIVORCED 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS 18 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY FOR MOST OF WORKING LIFE) Baltimore 4011 "RETSTETSTOWN Road USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 134 INSIDE CITY LIMITS? 136 STREET ADDRESS 2609 Oswego Avenue 13c CITY OR TOWN 136 COUNTY Baltimore Md 15 MOTHER'S MAIDEN NAME 14. FATHER'S NAME MIDDLE MIDDLE Cato Baldwin Anna Robert Jane 17 INFORMANT ADDRESS 16b. SOCIAL SECURITY NO. 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) Oswego Avenue 212-56-5191 Anna Miller 2609 APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PARTIDEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Narcotic intoxication DUE TO, OR AS A CONSEQUENCE OF Canditians, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 Inc. MEDICAL CERTIFICATION ATE, WALLE ORWARDED TO INE USED A JR. PAGE 3 SHOULD BE USED A HE STATE DEPARTMENT OF HEA HE STATE DEPARTMENT OF HEA HE STATE DEPARTMENT OF HEA 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO 210. EXTERNAL CAUSE WAS THE TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING TOR Undetermined CONTRIBUTING CAUSE OF DEATH 210 PLACE OF INJURY 711 LOCATION 21d INJURY OCCURRED STREET, FACTORY FARM, ETC NOT WHILE 4011 Reisterstown Road, Baltimore City, MD AT WORK AT WORK Autapsy X 22a 1 certify that I took charge of the remains described above, held on Inspection Inquiry and in my apinian TO FUNERAL DIRECTO
AFTER DEATH, WITH THE Undetermined monner death resulted from Chief 11-21-87 ACTUAL DATE SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME John E. Smialek, M.D. 111 Penn Street, Baltimore, MD 21201 (TYPE OR PRINT) 23d LOCATION 230. BURIAL, CREMATION, REMOVAL 236 DATE 73r NAME OF CEMETERY OR CREMATORY Md Mt Zion Cemetery Landsdown 11/24/87 Burial 07/84 BP ZSIGREG ISTRAN OSIGNA 24. FUNERAL DIRECTOR **DHMH - 17** (VR A15 ME (5)) Wm. C. March F/H West 4300 Wabash Avenue



DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH 07 REGISTRAR FRIDINGER MILTON (TYPE OR PRINTS MIL 4 RACE 3 SEX 5. DATE OF BIRTH MONTH White 82 Male. March 26, 1905 9 BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Maryland U.S.A. Baltimore County WIDOWED M. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12h KIND OF BUSINESS OR (Meno) in sycheachtry, Give Street Address) Baltimore County General Hospita INDUSTRY TYPE OF WORK FOR MOST OF WORKING LIFE! Randallstown Retired Black & Decker OSUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) Maryland Baltimore 134 INSIDE CITY LIMITS? 130 STREET ADDRESS / ZIP CODE 5912 Grace Ave. 21212 YES T NO F 15. MOTHER'S MAIDEN NAME FATHER'S NAME Fridinger Ray Joseph Cora Μ. Brown ADDRESS Timonium, Md. 21093 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT NO OF UNKNOWN LIE YES GIVE WAR OR DATES! Norris C. Fridinger -5 Hillbrook Ct., Apt. 202 215-01-4219 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 206. IF YES, WERE FINDINGS USED 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 190 DATE OF OPERATION 200 AUTOPSY IN CERTIFYING CAUSES OF DEATH? NOF 21a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e. PLACE OF INJURY 21f LOCATION AT HOME STREET FACTORY, OFFICE, FARM ETC.) WHILE NOT WHILE 220 | certify that (1) (this hospital) attended the deceased from 60 . 29, 19 47, and that in (my) (our) apinion death accurred on the date and have and from the causes stated sow the deceased alive an above, (1) (we) (did) (did not) view the body after death. 22¢ DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN een, m. O. 22e ADDRESS MPORT Balto. Co. General Hospila POURMOTA BBED 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL Burial 11-11-87 Monkton Methodist Cem. Monkton. Balto., Md. BY REGISTRAR 256 REGISTRAR'S SIGNATUR 24 FUNERAL DIRECTOR 1050 York Rd. DHMH - 16 60M 7/84 Ruck Towson Funeral Home, Inc., Towson, Md. 21204N

(VRA 15, 4)

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 NG PHYSICIAN: The low requires that the death certificate be executed within 24 hours or otherding physician. After this certificate has been signed by the attending physician and completely filled in by as the burnal-transit permit. Then please remove carbonapopers, Pages J and 2 should be tile than and Mental Hygiene prior to burial, cremation, or removal.	njury,	NO	PART 2 OTHER SIGNIFICA	A " //	MOUNTAING TO	DEATH BUT	NOT RELATED TO THE TERM	LAULUSE OR CON	DITION GIVEN IN P	ART 1:0
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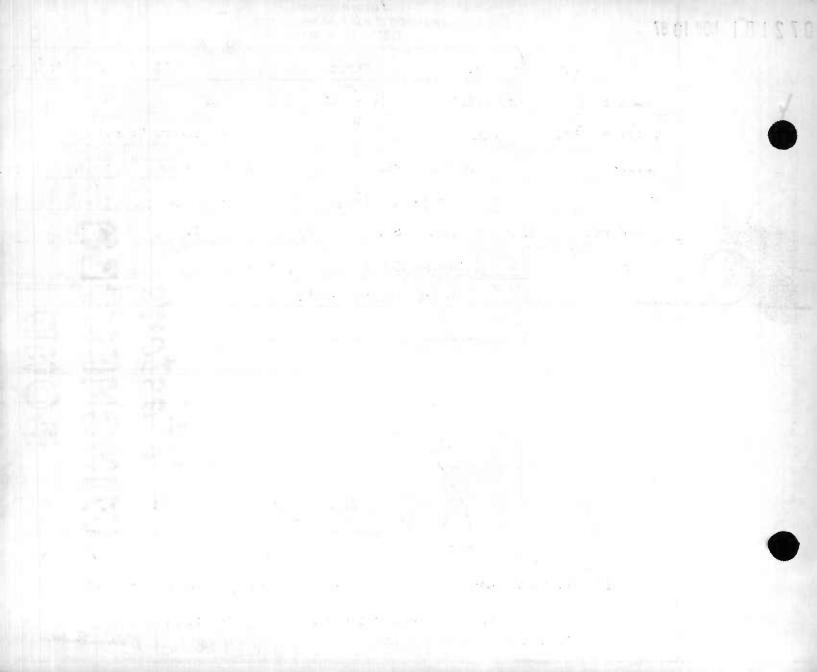
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DHMH - 16 60M 7/84 (VRA 15. 4)	24 FU	INERAL DIRECTOR	H.W. S	Jenkins 8	SonsCo		250. DATE	REC'D. BY REGISTRAR	25b. REGISTRA	R'S SIGNER	URE



Martin D. Lawson, 10 W. Padonia Rd, Timonium

DHMH - 16 60M 7/84

(VRA 15, 4)

Participant of Medical Transfer July minimum and the second of the DEC D 2 1987 (11, 254 L) (1897 E C C-3-10

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		REGISTRAR XC 181	08 294	CERTIFICATE OF DEATH	3 /REG. NO.	2 4 2			
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, , , , , , , , , , , , , , , , , , , ,	Du	da-Ruck, Inc. 7	922 Wise Ave. Ba	alto. Md 21222 NU	30 48 grand	With a land			

NOV 3 O 1987 J. L. Mills - The Committee of the Committee

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR I.DECEASED NAME MIDDLE LAST 25 HOUR (TYPE OR PRINT) TDA MAE GALLION 87 6:55P 11 24 3. SEX 4. RACE S DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYFAR IF UNDER 24 HRS MONTH YEAR FEMALE WHITE 62 25 BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE ISTATE OF FOREIGN THE CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY W. Virginia U.S.A. Baltimore County WIDOWED DIVORCED [D. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TTYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Arbutus 5614 Braxfield Road Mail Order Montgomery DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 USUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION Wards 13o STATE 136 COUNTY 13t. CITY OR TOWN 13e. STREET ADDRESS 134. INSIDE CITY LIMITS? Baltimore 5614 Braxfield Road Maryland Arbutus A FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE MIDDLE FIRST James Ford Duckworth Maude Trons 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 16b. SOCIAL SECURITY NO 17. INFORMANT LIF YES, GIVE WAR OR DATES) 217-20-1414 Donald J. Kolbe 5614 Braxfield Rd. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per ling for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 100 CERTIFICATION 20b. IF YES, WERE FINDINGS USED 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? be NOF YES [NO [71a ACCIDENT WAS UNDERLYING 715 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 211. LOCATION 214. INJURY OCCURRED 21e PLACE OF INJURY STREET CITY OF TOWN COUNTY STATE (AT HOME STREET FACTORY OFFICE FARM ETC.) WHILE 220.1 certify that (1) (this hospital) attended the deceased from... saw the deceased alive an, , and that in (my) (aur) opinion death accurred on the date and hour and from the causes stated above_(i) (wet1did) (did not) view the body after death DEGREE 22c DATE SIGNED ATTENDING MEDICAL be deto e Stote 1 PHYSICIAN DIRECTOR PHYSICIAN MPORTANT. A PHYSICIAN'S NAME LINE OF WHITE 22e ADDRESS should be Diana H. Griffiths Agnes Hosp. Oncology 231 NAME OF CEMETERY OR CREMATORY 23d LOCATION 230 BURIAL, CREMATION, REMOVAL 236. DATE CITY OF TOWN BP. 11/28/87 Burial Glen Haven Mem. Glen Burnie 24 FUNERAL DIRECTOR 21227 DHMH - 16 50M 1/81 (VRA 15, 4) Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

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FOR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
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ξ , čά ε / No	220-48-3143 4513 Churchyiew Avenue Ramballstown Maryland 21133
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(VRA 15, 4) 8728 Liberty Road Randallston	DULLY 1 C. 1910/ 1 Tip //distance Par data

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FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME MIDDLE 2b. HOUR (TYPE OR PRINT) poge r 1987 3:00 DM November 6. Angela Garriott IF UNDER 1 YEAR IF LINDER 24 HRS AGE (IN YEARS LAST BIRTHDAY) 4 RACE 5 DATE OF BIRTH 1. SEX DAYS MONTH DAY YEAR 1910 Female. Caucasian August 17. BALTIMORE CITY OR COUNTY OF DEATH Je-BIRTHPLACE I STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED A NEVER MARRIED COUNTRY Baltimore County U.S.A. DIVORCED [Maryland WIDOWED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 10. CITY OR TOWN OF DEATH 120 USUAL OCCUPATION 17b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Homemaker Baltimore County General Hospital Randallstown DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BAITIMORE, MARYLAND 21201 LIGITAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13b. COUNTY 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS 130 STATE Maryland YES [NOTE 1748 Gordon Avenue 21207 Baltimore Woodlawn 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST Hotem William Mary Naumann Mr. Charles ADDREGarriott IAN WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT LYES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Balto. MD. 21207 1748 Gordon Avenue 214-66-6637 No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
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PHYSICIAN DIRECTOR PHYSICIAN * IMPORTANT: 22d PHYSICIAN'S NAME LITYPE OR PRINT 22e ADDRESS should b 110 Pun 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 230 BURIAL CREMATION, REMOVAL 236. DATE Woodlawn, Baltimore, MD. 11-9-87 Woodlawn Cemetery Burial Loring Byers Funeral Directors, Inc 250 DATE REC DEV PER PAR SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 50M 1/81

8728 Liberty Road Randallstown, MD.

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE 071157 NOV 9 POSTRAR REG NO CEASED NAME DATE KNOWN (TYPE OR PRINT) ESTI-S NECESSARY, PLEASE FUNERAL DIRECTOR. E 5 FOR YOUR FILES. D. WITHIN 72 HOURS M. DEATH MATED X 19 87 Dawn Garvin 3 SEX 4 RACE AGE IN YEARS IF UNDER 24 HRS DATE 2d HOUR LAST BIRTHDAYL PRONOLINCED 8:157 White Female 20 DEAD Jan 10 1967 2 19 87 To BIRTHPLACE (STATE OR Th CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Md. U.S.A. DIVORCED Baltimore County III CITY OR TOWN OF DEATH FILED, 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION USUAL OCCUPATION (TYPE OF WORK 1/2b KIND OF BUSINESS clerk OR INDUSTRY US Gov't 23 Lincoln Woods Way White Marsh 13a STATE 13h COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS 23 Lincoln Woods Way 21128 Md Baltimore Perry Hall 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE FIRST LAST Frederick Romano Taylor Betty 160. WAS DECEASED EVER IN U.S. ARMED FORCES 16h SOCIAL SECURITY NO ADDRESS Keith Garvin (husband) same address 212-02-1270 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18.
PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG Y
FOR **UNREAL DIRECTOR:** PAGE 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT
AFTER DEATH, WITH THE STATE DEPARTMENT OF HEATTH AND MENTAL HYGIENE. I
BALT MORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Gunshot wounds of head DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 o CERTIFICATION 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO T 210 EXTERNAL CAUSE WAS 21h TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 19 87 Subject shot 21d INJURY OCCURRED 21e PLACE OF INJURY TATHOME 211 LOCATION AT WORK AT WORK STREET, FACTORY, FARM, ETC.1 23 Lincoln Woods Way, White Marsh, Baltimore, MD home X 22a. I certify that I taak charge of the remains described above, held an Autopsy and in my apinian Inquiry Hamicide XX Undetermined manner Suicide Natural causes TITLE (SPECIFY) Assistant MEDICAL EXAMINER 11/2/87 SIGNATURE EXAMINER'S NAME Mario F. Golle, Jr, M.D. 111 Penn St. Balto.MD. 230. BURIAL, CREMATION, REMOVAL 236 DATE Md. Baltimore 11/6/87 BelAir Memorial Gardens Burial 07/84 25M 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE chimunek Funeral ADDRESS 9705 Belair Rd. **DHMH - 17** 6 1987 (VR A15 ME (5)) Balto, Md. 21236 Home Inc.

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P	9	SPECIFY) RIAL	11-16-1987	LAKE Vie	2 \	CITY OR TOWN	'ARRO	LL MARYLANG
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG & DELL'ASED NAME IN DATE ENOWN (TYPE OR PRINT) GE-WILLIAM **GEYER** G. DEATH MATE JR. 4 RACE 3. SEX 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 24 HRS DATE YEAR LAST BIRTHDAY RONOUN MALE CAUC 16 123 10 6/1 YRS 76. CITIZEN OF WHAT BIRTHPLACE (STATE OR COUNTRY? MARRIED NEVER MARRIED FOREIGN COUNTRY) BALTIMORE COUNTY USA MD DIVORCED & WIDOWED [IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 12b KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY TOWSON CHARLES ST. Attorney Law AL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 1136 COUNTY 13d. INSIDE CITY LIMITS? | 13e STREET ADDRESS 13c. CITY OR TOWN MD Balto. Ruxton NO TO 2300 Ruxview Ct., 21204 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME ANIDONE LAST MIDDLE William Geyer, Sr. Mirth Clara Revnolds 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT ADDRESS (YES. NO. OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) Yes 215 14 6988 WW TI Susan D. Gever, Colorado 18 CAUSE OF DEATH (Enter anly one cause per line to (p), (b), and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO NO 214 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 21e PLACE OF INJURY (AT HOME. ZII LOCATION 21d INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK PAGE 4 SHOULD BE FORW

TO FUNERAL DIRECTOR: PA

AFTER DEATH, WITH THE ST.

BELLIMORE, MARYLAND, 2 Inspection 22a I certify that I taok charge of the remains described above, held on Autopsy Inquiry and in my apinian death resulted frame Suicide Nomicide Undetermined monner EXAMINER'S NAME CHARLES O'DONNELL, M. D. TOWSON, M. D. (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY STATE Burial 11/30/87 Oak Lawn Balto. 07/84 25M 24 FUNERAL DIRECTOR 75g. DATE REC'D. BY REGISTRA H.W. Jankins & Sons Co. **DHMH - 17** NAME (VR A15 ME (5))

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.d.M. JJEN D' DOMINELL, M. D.

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CALTINGSE COUNTY

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO PERSONAME MIDDLE 26 HOUR NOV 11-17-87 GILBERT EVELYN M. IF UNDER 24 HRS 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) 3. SEX YEAR MONTH FEMA15 06 BALTIMORE CITY OR COUNTY OF DEATH THE CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Pennsylvania WIDOWEDX DIVORCED [IE. CITY OF TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY owson. Home Homemaker ISUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 21204 136 COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE 808 Mockingbird Lane #201 21204 Baltimore NO X Maryland 15 MOTHER'S MAIDEN NAME 4 FATHER'S NAME MIDDLE FIRST MIDDLE Moon **Holbrook** Sarah George ADDRESS 17 INFORMANT 166 SOCIAL SECURITY NO 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 217-46-1931 Ronald G. Schaefer Lancaster, PA17603 No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). IMMEDIATE CAUSE (a) CONCESTIVE PART I. DEATH WAS CAUSED BY HEART PRESTON ST DUE TO, OR AS A CONSEQUENCE OF MEGURGITATION, AORTIC RECURSITATION Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DULMONARY DISEASE OBSTRUCTIVE CERTIFICATION CHRONIC 20g AUTOPSY? 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 190 DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NO 71a ACCIDENT WAS UNDERLYING 71b. TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH 19 (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21f. LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY 0 CITY OR TOWN COUNTY STATE STREET AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE AT WORK 22a | certify that (this haspital) attended the deceased from 11-17-8 saw the deceased alive an_ and that in (my) (aur) apinion death accurred an the date and have and from the causes stated above, (1) (and) (did) (did not) view the bady after death. 22r DATE SIGNED DEGREE 226 SIGNATURE camilaller Chi MD ATTENDING MEDICAL PHYSICIAN [DIRECTOR PHYSICIAN should be det with the State IMPORTANT 22e ADDRESS 774 PHYSICIAN'S NAME (TYPE OR PRINT) FRANCIS 7- KHOW 230 NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 23b. DATE BURIAL 20, 18 MORELAND MEM.PARK BALTIMORE 24 FUNERAL DIRECTOR DHMH - 16 60M 7/B4 E. JOHNSON8521 LOCH RAVEN BLVD (VRA 15, 4)

	L	FOR STATE REGISTRAR		MENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	8 FEG. NO. 3	1252
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ector, pa	3. SE	x Male	* RACE White	S. DATE OF BIRTH MONTH 7 1897	6. AGE (IN YEARS LAST BIRTHDAY) 90 YRS.	IF UNDER LYEAR IF UNDER 24 HRS
merol dir	7a B	IRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED WORCED	Baltimore Count	
iled with	10. 0	Fullerton	11. NAME OF HOSPITAL, NURSING AUGUST AND THE STREET 4226 Cardwell	Appressi Avenue 21236	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING I Ret. Carrier	12b. KIND OF BUSINESS OR INDUSTRY Balto. NewsPo
	USU 13a.	STATE 136 COL	OR OTHER INSTITUTION GIVE RESIDENCE BEFOR INTY IS. CITY OR TOW		13e.STREET ADDRESS / ZIP COD 4226 Cardwell	Avenue 21236
1	14. F.	Thomas	Augustus Gilland	15 MOTHER'S MAIDEN NA Annie	MIDDLE	aedtler (Eliz.)
Page Page	160	WAS DECEASED EVER IN U.S. A YES, HOOR UNKNOWN) (IF YES G	RMED FORCES? 166. SOCIAL SECTION OF THE PROPERTY OF THE PROPER		ADDRESS 7res 6015 Falkiri	k Rd. 21239
attending physics ove corbon paper tion, or rendonal oumatic event, it		PART I. DEATH WAS CAUS	only one couse per line for 101, (b), or ED BY: ATE CAUSE (0)	your -	to metationer	APPROXIMATE INTÉRVAL BETWEEN ONSÉT AND DEATH # Avec
ned by the operation please remonstral, cremony, or ather tra		gave rise to immediate couse (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUE	DEATH BUT NOT RELATED TO THE TERM	NINAL DISEASE OR CONDITION G	VEN IN PART IO
has been sig t permit. Ther ene prior tal ows any injur	CERTIFICATION	190 DATE OF OPERATION		OPERATION WAS PERFORMED	200 AUTOPSY? 206 IF YE	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES NO
ial-transi ntal Hygiem 18 sh	7	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI	TATH HOUR A.M. MONTH D	AY YEAR 19	RED (ENTER NATURE OF INJURY IN ITEM 18	PART : OR PART 2)
ter this c is the bur h and Me rked or h	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, I	FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
for use of Healt		220 1 certify that (1) (this has	n 1/19 19 ot Wiew the bady after death	F) , and that in (m) (aur) opinion	death accurred an the date and ha	the (we) last us and I am the causes stated
RAL DIRES detached tate Dept NT: If Item		226 SIGNATURE	220. DATE SIGNED			
should be with the St		Walter J. Sm	yth, M.D. (433-73		ven Blvd. Balto.	, Md.
		BURIAL, CREMATION, REMOVA (SPECIFY) Burial	11-25-87	Name of CEMETERY OR CREMATORY Gardens of Faith		county State ore Maryland
- 16 60M 7/84 RA 15, 4)	24 F	UNERAL DIRECTOR NAME LESSELW Flere	vial Stone ADDRESS	3401 Believ RS 250 NO	V 25 1987	JANUAR COMMENT

18 72 YL 7 5 7 8 7 0

10V25 287 July 25 287

page 3

should be detached for use as the burial-transit permit. Then p with the State Dept. of Heolth and Mental Hygiene priar to bur TO FUNERAL DIRECTOR. After this certificate hos been

BP.

DHMH - 16 60M 7/84

(VRA 15, 4)

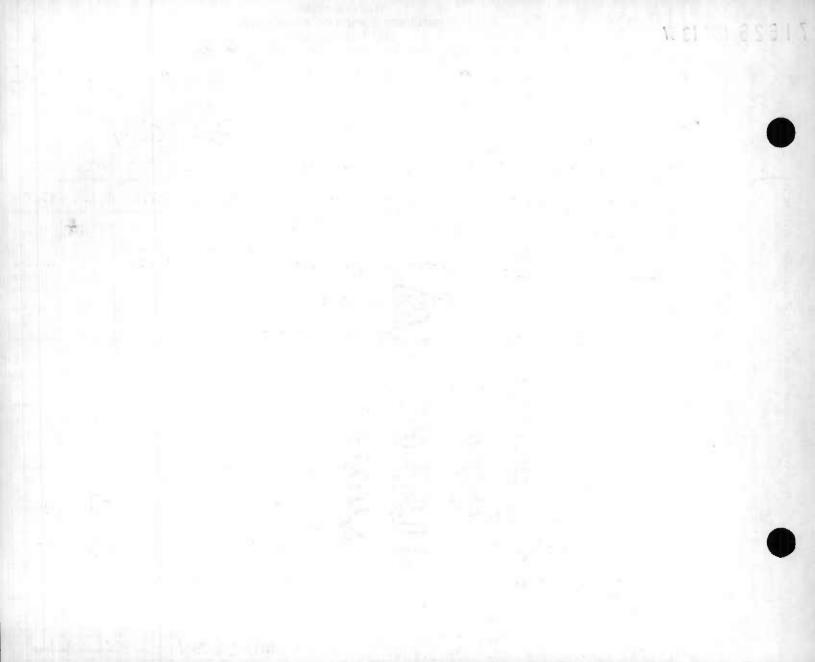
	STATE	OF I	MARYLAND
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87	FOR STATE REGISTRAR		DEPARTM		EALTH AND MENTAL HYG ICATE OF DEATH	IENE REG. NO	. J	1 2	5
	CEASED NAME FIRST		MIDDLE	L	AST	20. DATE OF DEATH	MONTH D	AY YEAR	26 HOU
1	Etta	M	ay	Glas	cock		11 2	87	4:1
3. SE	Х	4 RACE		5 DATE C		6 AGE (IN YEARS LAST BIRTI		IF UNDER 1 YEAR	IF UNDER
1	Female	White	Э	MONTH 2	14 02	85	YRS	ONTHS DAYS	HOURS
7a. B	IRTHPLACE (STATE OR FOREIGN COUNTRY)		WHAT COUNTRY?	MARRIE	D NEVER MARRIED	9 BALTIMORE CITY OF	-		
	ryland	USA		WIDOWE		Baltime			
M	iddle River	Ivy Ha	HACKITY GIVE STREET	ng Ho	DR OTHER INSTITUTION	(TYPE OF WORK FOR MOST OF Housewi	WORKING LIFE		emak
13a S	AL RESIDENCE (IF NURSING HOME OR STATE aryland		GIVE RESIDENCE BEFORE 131. CITY OR TOWN Baltimo	N	YES NO [13e STREET ADDRESS / 6409 Harfor		2121	4
) FA	ATHER'S NAME Thomas	MIDDLE	Forrest		15. MOTHER'S MAIDEN NA/	WE		ias H	eise
	WAS DECEASED EVER IN U.S. AR.	MED FORCES?	166 SOCIAL SECU	RITY NO.	17. INFORMANT	ADDRE:	SS	212	37
-	No	E WAR OR DATES!	213-26-	1649	Jeb Stuart	Glascock, Jr	. 16 I	ays En	d Ct
	18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIAT	ly one cause per DBY: E CAUSE (a)	line for (a), (b), one	dict				BETWEEN	MATE INTER
NO	PART 2 OTHER SIGNIFICANT C	ONDITIONS CO	DAMES ONTRIBUTING TO D		NOT RELATED TO THE TERM	INAL DISEASE OR COND	ITION GIVE	N IN PART TO	2
CERTIFICATION	198 DATE OF OPERATION	19b COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?		WERE FINDING CAUSES	
2000	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	117	M. MONTH DA	YEAR	21c HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY	Y IN ITEM 18 PAI	RT I OR PART 2)	
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE ((AT HOME, STR	OF INJURY PEET FACTORY, OFFICE FA	ARM ETC)	211 LOCATION STREET	CITY OR TOW	VN	COUNTY	5
	22a I certify that (I) (this haspi sow the deceased alive on abave, AT (we) (did) (did no	1 1 2	1/)		, 19, 19	, to	te ond hour	and from the	
	22b. SIGNATURE	1			DEGREE ATTENDING	MEDICAL STAF		22t. DATE	SIGNED
Ħ		00		lucy		DIRECTOR PHYSICI	IAN [1110	. 0 /
	22d PHYSICIAN'S NAME (TYPEO Tarique A. I				223 Easter	Blvd. Balt			
		irozvi,	23c N	IAME OF C	22e. ADDRESS	Blvd. Balt	o., M	d.(284	-2400
	Tarique A. I	Pirozvi,	7 23c Mc	Jame of corelar	223 Eastern EMETERY OF CREMATORY and Memorial Ph	Blvd. Balt	timor	d.(284 e ^{count} Mar	-2400 ylanč

(VRA 15, 4)

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200	1 1 4 FLC _2	or.	BI	ETSY			G	OLDMAN		NOVEMBER	26,	1987	7	10 A.
8	for, po	3. SE	X	4.1	RACE		5. DATE C			AGE (IN YEARS LAST BIR	THDAY)	# UNDE	ER I YEAR	IF UNDER 24 HRS HOURS MIN.
	ecto.		FEMALE		CAUCASI	AN	AUG	UST 29,190	8	79	YRS	5.	DAIS	MIN.
9	52		RTHPLACE (STATE OR FOREI		CITIZEN OF WH	AT COUNTRY?	B.	D NEVER MARRIE	9.1	BALTIMORE CITY O	R COUN	TY OF DE	ATH	
	of or 7	NO	ORTH CAROLINA	4	U.S.A.	4.	WIDOWE			BALTIMORE	COU	NTY		JM
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ND 212	lled in		AL RESIDENCE (# NURSING P STATE 13b. MARYLAND	COUNTY		E RESIDENCE BEFORE CITY OR TOW BALTIM	N_	13d. INSIDE CITY LIM	AITS? 134	STREET ADDRESS 211-A BRO	ок с	REST	WAY	21208
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IMORE.	medico		VAS DECEASED EVER IN L YES, NO OR UNKNOWN) (IF		D FORCES? 161 AR OR DATES)	25-44-	2185	17. INFORMANT ROBERT GO	LDMAN	4501 MAR		LL RI		
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALT	ned by the ottendin please remove cold buriol, cremotion, or n y, or other traumotic		Conditions, if ony, wh gove rise to immedi couse (o), stoting underlying couse la PART 2. OTHER SIGNIFIC	ofe the ost.	(b) DUE TO, OR A	S A CONSEQUE	ENCE OF	NOT RELATED TO TH	IE TERMINA	L DISEASE OR CON	DITION (GIVEN IN	PART 10	0
CORDS	nit. Then rior to bu	CERTIFICATION	19a DATE OF OPERATION	1	19b. CONDITIO	N FOR WHICH	OPERATIO	N WAS PERFORMED		20a AUTOPSY?				NGS USED
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SION OF VITA	ding physicis s certificate buriol-transit Mentol Hygi at them 18 sh		21a. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS	E OF DEATH	21b. TIME OF IN HOUR A.M.	MONTH D	AY YEAR	21c. HOW INJURY C	OCCURRED	(ENTER NATURE OF INJU	RY IN ITEM I	8 PART I OR	LPART 2)	
NOISINIQ	م جو په وا	MEDICAL	21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK		21e. PLACE OF (AT HOME, STREET,	INJURY FACTORY, OFFICE, F	ARM, ETC)	21f. LOCATION STREET		CITY OR TO	WN	co	YTMUC	STATE
	pitol or TOR: Af for use of Healt		22s.1 certify that (I) (the saw the decrosed a above (I) (we) Add)	live on_	ottended the d	19_		nd that in (my) (our) o		, to th occurred on the d	ote and h	_, 19 nour and f		that (I) (we) los couses stated
	by the hos ERAL DIREC e detoched Stote Dept.		77h SIGNATURE	Open	tema				DING CIAN CO	AEDICAL STA	FF CIAN []	22	C. DATE	SIGNED 27/87
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,	BP	23a. I	BURIAL, CREMATION, REA (SPECIFY) BURIA	L	11/27/	87 HE	BREW	EMETERY OR CREMA FRIENDSHIP	CEM	PALTIMO	RE	COUN		MD STATE
DH	MH - 16 50M 1/81 (VRA 15, 4)		UNERAL DIRECTOR SO NAME SO REISTERS	OL LE	VINSON RD RA	BROS.	,INC.	,ª	JECO O	2 1987 g	25h. REG	STRAR'S	SIGNAT	URE
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nay be page 3		DECEASED NA	ME FIRST Howar		WIDDLE		d STEIN	20.	DATE OF DEAT	H MONTH	DAY YEAR 8 7	26 HOUR
offe,		SEX	MALE	4. RACE WH	ITE	5 DATE (OF BIRTH	FEAR S. A	GE (IN YEARS LAS	T SIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
oth. Page eral direc	35	BIRTHPLACE COUNTRY) MARYI	I STATE OR FOREIGN	76. CITIZEN OF		JTRY?	D NEVER MARRI	ED . 9. B	ALTIMORE CIT	Y OR COUNT		
= 1/2 4 p		I. CITY OR TOW		11. NAME OF H	HOSPITAL, N HEACHITY, GIVE		OR OTHER INSTITUTI	ION 120.	USUAL OCCUP	PATION		OF BUSINESS OR EURANCE
icate be executed within 24 hours hysician and completely filled in b papers. Pages 1 and 2 should be fill now.	25	USUAL RESIDENT 130. STATE MARYLAI	CE (IF NURSING HOME OF ND 136 COUL	R OTHER INSTITUTION, NTY ARROLL		BEFORE ADMISSION)	13d. INSIDE CITY LIV		5714°CA	RROLL	DALE DR.	. 21784
RE, MARYL.	axou)	FATHER'S NAME OF THE PERSON MIN	TON	MIDDLE GOL	DSTETŘ	Ĭ	15. MOTHER'S MAIL	BECCA	WIDDI			PALD
IMORE,	medico	(YES, NO OR UNI		RMED FORCES? IVE WAR OR DATES) ARMY		SECURITY NO. 34-5138	17. INFORMANT 5714 CARR		SUSAND LE DR.		VILLE, ME	21784
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4. 435	17 H	22b. SIGNA	K	3	`		DEGREE ATTEN PHYSI		EDICAL RECTOR PH	STAFF YSICIAN [22c. DATE	SIGNED
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2129		X	(Y			ED FORCES? WAR OR DATES]	054-03	SECURITY NO. 3-1412	3500 TRAI		E. BALT	O.,MD	2	21215
ALT	1 14 /			18 CAUSE OF DEATH (I	Enter only	one couse per	line for (a), (b	o), and (ci.)					APPROX BETWEEN	CIMATE INTERVAL
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¥ .	g physici ertificate rial-transi entol Hygish			OR CONTRIBUTING CAU	SE OF DEATH	HOUR A	M. MONTH	DAY YEAR		(g)	TER HATORE OF HOO		M. 1 ON 1 AM. ()	
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	Leal A			22a.t certify that (1) (th					, , , , , ,	5) 10	11-2	31		that (I) (we) last
	for of the	4		sow the deceased above, (1) (we) (did	olive on (did not)	view the body	ofter death.	19_2,0	nd that in (my) (our) o	pinion death o	ccurred on the de	ate and hour	and from the	couses stated
	DIRECTOR DIR	b		226. SIGNATURE	-				DEGREE	60.			22c. DATE	SIGNED
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	1 5 0 0 4 2 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	-	23a B	URIAL CREMATION RE		23b. DATE		23c NAME OF	BCC OF I CEMA		LOCATION	17/	10100	1 1107
	BP		,	BURIAL		NOV.25	,1987	NEW MON	TEFIORE		PINELA		LI	NY STATE
DH	MH - 16 50M 1/8	11		INERAL DIRECTOR	SOI	LEVIN	SON &	BROS.,	INC .	So. DATE REC'D	BY REGISTRAR	25b. REGISTE	ARIS SIGNA	FUNE
	(VRA 15, 4)		6	010 REISTER	STOWN	RD.	BALTÔ.	,MD 21:	215	DECOZ	3 1981			

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR XC 21696863 07 1659 NOV 13 BRECEASED NAME RAYMOND NOVEMBER 8, 1987 FRANCIS GRAY :10 A M C P . T DE BIRTH 3. SEX 4. RACE 6. AGE | IN YEARS LAST BIRTHDAY) # UNDER I YEAR IF LINDER 24 HRS 12 1897 MALE White O. BIRTHPLACE I STATE OR FOREIGN 76. CITIZEN C. .. HAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED MONTANA U.S.A. BALTIMORE COUNTY WIDOWED IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 176 KIND OF BUSINESS OF 17a USUAL OCCUPATION V.A.M.C., FORT HOWARD, MARYLAND (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY FORT HOWARD Assist. Superintendant USUAL RESIDENCE I IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE REFORE ADMISSION)
138. STATE
MARYLAND
BALTIMORE
Dundalk 13e. STREET ADDRESS 13d. INSIDE CITY LIMITS? 7013 DUNMANWAY YES [] NO [] APT 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST FIRST Robert Grav Ann Not Known ADDRESS 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17 INFORMANT YES NO OR UNKNOWN 579 10 1268 Elsie E. Grav 7013 Dunmanway Apt A. 2122 APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),
PART I. DEATH WAS CAUSED BY:

TEDMENTAL CANC TERMINAL CANCER OF THE LUNG IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF TERMINAL CANCER OF THE COLON Conditions, if ony, which gove rise to immediate couse (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 10 HISTORY OF CHRONIC OBSTRUCTIVE PULMONARY DISEASE: HISTORY OF CHRONIC RENAL 206. IF YES, WERE FINDINGS USED 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20e AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOL 210. ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH WEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 71d INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE sow the deceased alive a NOVEMBER 8 1987 and NOVEMBER and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (I) (we) (did) (did not) view the body after death 226 SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL 11/8/87 / Muz mi). PHYSICIAN DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME (TYPE OR PRINT) 77ª ADDRESS V.A.M.C., FORT HOWARD, MARYLAND 21052 230 BURIAL CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (SPECIFY) Burial 11-12-87 Garrison Forest Owings Mills, Maryland Duda-Ruck Funeral Home of Dundark 1250 DATE RECD. BY REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 50M 1/81 dia Dividion Rendall

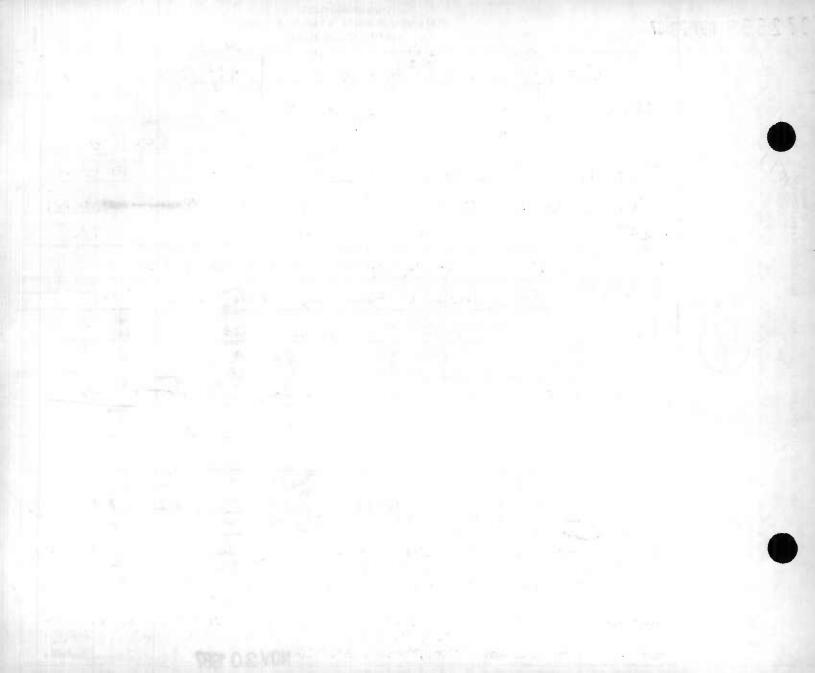
7922 Wise Ave. Dundalk. MD 21222

(VRA 15, 4)

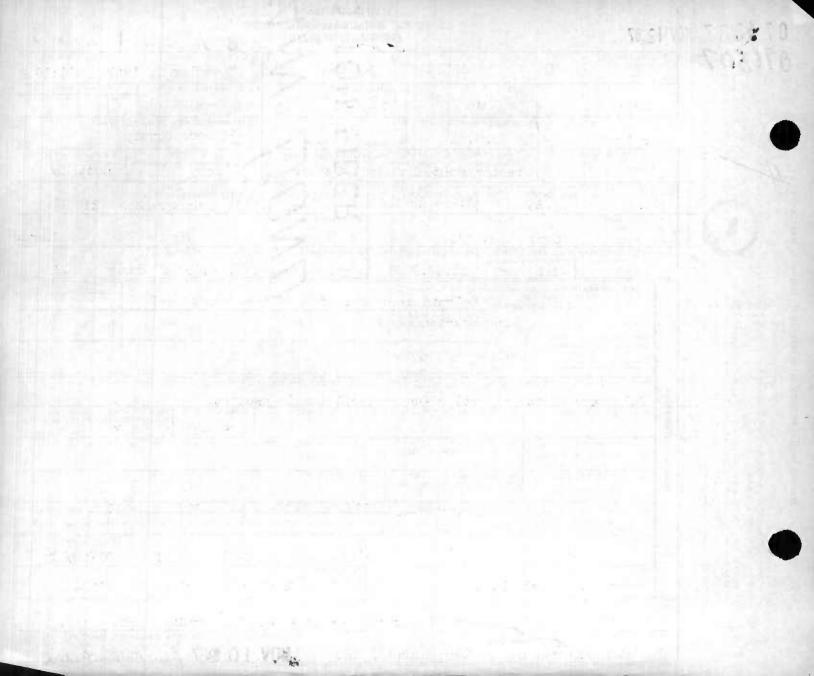
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		STATE REGISTRAR						CERTIFICA			REG. N	10	2	5 6)
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ON STRE		nale W	RACE Thite	5. DATE OF BIRTH	3 2°R		ARS IF UI	VDER 1 YR. IF	F UNDER 24	AIN PRONC	ATE DUNCED AD	MONTH 11	DAY		24 HOUR 5:50 M
2000 Sevents	FC	Maryland	l	U.S.A.	HAT COUN	ITRY?	8. MARR WIDOV	NEVE	R MARRIED DIVORCED		nmore city : Baltimo:	_		ATH	MD.
0		Parkvill	.e	11. NAME OF HOS	7 Eb	ony Ro	ad	HER INSTITUTION	ON I	FOR NUTS	CUPATION (TY PERKING LIFE)	PE OF WORK		OF BUS IDUSTRY P1 Ca	
35	130.	laryland	BaPto	PROTHER INSTITUTION, GI	Path	WITTE	ION)	13d. INSIDE CITY YES [LIMITS? 13	3°26′0°7 ∧£	Bony Ro	oad	21234		
C	14. F/	Robert	K	WIDDLE	2ء1	LAST Lers S	r.	15. MOTHER'S MAIDEN NAME Mary Kaldele			X AIDDLE		Stiñ	chec	omb
201 W. PRESTON ST., BALTIMORE, MD. UTED WITHIN 24 HOURS AFTER DEATH. IF IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, EXAMINER ALONG WITH FOR ITAL-TRAINST PERMIT, PAGES 1 AND DAN, OR REMOVAL.	16a V (Y	NAS DECEASED E	VER IN U.S. ARA) (IF YES, GIVE	WED FORCES? WAR OR DATES)	16b. SO	5-34-6		Mr. 1		s B. Gr	een sa	ame as	: 13e		N.T.
BURIAL, CREMATION, OR REMOVAL.	z	gove rise couse (o) sto lying cause	if any, which to immediate ating the <u>under</u> lost.	CHOSE (O)	AS A CON		OF OF		GIVEN IN PART 1		indgun)				
J CKIAL, C	CERTIFICATION	19a. DATE OF OF	PERATION	19b. CONDI	TION FOR	WHICH OPE	RATION W	/AS PERFORME	ED?				20 AUT HEA YES	D ON	VLY NO []
WITH THE STATE DEPARTMENT OF HI MARYLAND, 21201 PRIOR TO BURIAL,	MEDICAL CER	216 EXTERNAL OUNDERLYING CONTRIBUTING 21d. INJURY OCCUMBLE AT WORK	OR CAUSE OF COURRED	P.M. 21e PLACE C		TC)	7 Sel	F infl. CATION STREET 507 Ebox	icted	ENTER NATURE OF		cou	unty altim	ore	STATE MD
R DEATH, WITH THE STA MORE, MARYLAND, 21		220 I certify to death resulted to ACTUAL LEIGHATURE	hat I took chorg	e of the remains des	cribed abo	ove, held on	Autap	Homicid ASSI	Inspection [le], ECIFY) stant		monner .	DATE SIGNEI	nion 11	./2/8	
PAGE 4 SHOUT TO FUNERAL D AFTER DEATH, BALTIMORE, M	23c. B	(TYPE OR PRINT) URIAL, CREMATIO	N, REMOVAL 2		23c. 1	NAME OF CE	METERY C	R CREMATOR	Y	enn St.	7		alto.	=	Md.
DHMH - 17 (VR A15 ME (5))	24. F	cemation UNERAL DIRECTO NAME 10K TOWSO)R	1/3/87 al Home,			21204	emetery		Batto. 5 198	PAR ISS PEC		I'to.	c	

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(VRA 15, 4)



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01.	7 5 0 01	I. DE	CEASED NAME	FIRST	74120	MIDDLE	TAMINEK .	LAST	CATEO	id	TE KNOW	G. NO.	DAY	YEAR 125 HOUR
	Walio S. C	{TY	PE OR PRINT)	Richar	-d	Allen		Cronst	_		OF ESTI-	47	2519	1000
	PLEASE CTOR. FILES TREET	3. SE	X 4.	RACE	5 DATE OF BIRTH	16	AGE (IN YEARS IF	Grenat UNDER T YR.	IF UNDER			MONTH	Z319	YEAR 2d HOUR
	NECESSARY, PLEASE NURERAL DIRECTOR. SOOR YOUR FILES. WHIN 72 HOURS W PRESTON STREET,	má	ale	white	03/10/68	3 YEAR	19 YRS.	ONTHS DAYS	HOURS	MIN. PRON	OUNCED	11	2619	87 10:4
	ESSA RAL THIN REST		IRTHPLACE (STATE	OR	7b. CITIZEN OF WH.	AT COUNTR	Y? 8. MA	RRIED NE	VER MARRIE	9. BA	LTIMORE CI	ITY OR COUN	TY OF DEA	TH
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A	A STANCE OF THE COLUMN TO THE	Lá	ity or town of ansdowne			LITY, GIVE STREE	er (banl				F WORKING LIFE	(TYPE OF WORK	OR IN	of Business idustry cking
21201	ANY DANY DANY DANY DANY DANY DANY DANY D	. 13a. S	AL RESIDENCE (# STATE Aryland	13b COUN	or other institution give ty imore	13c. CITY OF	RTOWN	13d INSIDE CI	ITY LIMITS?	13e. STREET A 4802	DDRESS Greer	nville	Sq. 2	1227
BALTIMORE, MD.	DURS AFTER DEATH. IF ANY DELAY'S NEC 18. GIVE PAGES 1, 2, AND 3 TO THE NUNI 3. WITH FORM SW 3. BETAIN DAGE 5 KG R. PAGES 1 AND 2 SHOULD BE PILED, W E. BIVISION OF VITAL RECORDS, 201 W. P.	1	ATHER'S NAME FIRST LChard Gr	enat, S	MIDDLE	LAS	7	15. MOTHE	R'S MAIDE		MIDDLE		LAS	
WO	PAG ORA	16a. \	WAS DECEASED E	VER IN U.S. AR	MED FORCES?	16b. SOCIA	L SECURITY NO.	17. INFORM	THAN		ADD	RESS		
ALT	AFT SIVE SISION	no				217-9	8-0155	Mrs.	Maril	lyn Ree	ves 4	1802 Gr	eenvi	lle Sq.
DIVISION OF VITAL RECORDS, 201 W. PRESTONST.	DULD BE EXECUTED WIT IN 24-FOUR O'PENDING" IN PENCI, IN 16-M 18, IEF MEDICAL EXAMINE ALONG IN EACH AS BURIAL - READ WAYS PERM F HEATH AND MENTAL HYGENE, B IAI, CREMATION, OR REMOVAL.	Z	Conditions, gove rise couse (a) ste lying couse	IMMEDIAT if any, which to immediate oring the under- last.	ly one couse per line for BY: TE CAUSE (0) Sho DUE TO, OR A (b) DUE TO, OR A (c) CONTRIBUTING TO DEATH BY	otgun AS A CONSE	Wound of		N GIVEN IN PAR	T 1 (a.				OXMATE INTERVAL
REC	L CRI	4 5	19a DATE OF O	PERATION	19b. CONDITI	ON FOR WH	HICH OPERATION	WAS PERFOR	MED?				20 AUT	OPSY?
I	SHOULD ORD "PE CHIEF A E USED A	문			2.3%								YES	NO □
ONOFV	CERTIFICATE S TING THE WO DED TO THE 3 SHOULD BE DEPARTMENT I PRIOR TO BU	CAL CERTIFICATION	21a. EXTERNAL O UNDERLYING CONTRIBUTING	₩ OR	21b. TIME OF HOUR A.M. DEATH P.M.		25.9 87	HOW INJURY			OF INJURY IN IT	EM 18 PART 1 OR PA		2 100
DIVISI	WRI AGE AGE 120	MEDICAL	21d INJURY OCC	CURRED NOT WHILE SAT WORK		FINJURY (DRY, FARM, ETC.) iverba		LOCATION STREET NE	2.11		OR TOWN		alto.	STATE MD
•	TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PA AFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 2	23a. B	death resulted ACTUAL SIGNATURE EXAMINER'S NA (TYPE OR PRINT) URIAL, CREMATIC SPECIFY)	AME Ma	ario F. Go	Askiden ()	Suicide	ADDRESS	PECIFY) istant	Undetermine	XAMINER •	ond in my of	Balto	/27/87 .,MD.
07/84	BP	B	urial		11/30/87	Mea	dowridge	e Cemete	-	Dors	ey	Howard	d .	Maryland
25M	DHMH - 17	24 F	UNERAL DIRECTO	OR .	ADDRESS						STRAR 25b	REGISTRAR'S S		
	(VR A15 ME (5))	A	nbrose Fi	meral F	Iome 1328 S	Sulphu	r Spring	Road	MANA	30 198	Car only	Saindens	Marke	



	- 1				STAT	E OF MARYLAND			
701		1	FOR STATE	D		EALTH AND MENTAL HY	SIENE		
9 1 NOV	/ 3	87	REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO.	3 1 2	0 4
			CEASED NAME FIRST	WIDDLE		ASI	24 DATE OF DEATH MON	TH DAY YEAR	26 HOUR
oy be		(TYPE	LAWRE	ENCE A	- (TRIFFIN	NOVEMBER	8, 1987	8:38A
you pod		3. SE		RACE	5. DATE O	OF BIRTH	6. AGE (IN YEARS LAST BIRTHDA	Y) IF UNDER LYEAR	IF UNDER 24 HRS
office 4			MAIF	RIDAK	MONTH	18 48	38	MONTHS DAYS	HOURS MIN
dire		7g. B	RTHPLACE ISTATE OR FOREIGN 7	b. CITIZEN OF WHAT CO	INTRY? 8		9 BALTIMORE CITY OR C	OUNTY OF DEATH	
72 7	3		COUNTRY) MA	USA	MARRIE	D NEVER MARRIED	BALTIMOR		171
	0	10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL	NURSING HOME O	DROTHER INSTITUTION	120 USUAL OCCUPATION		OF BUSINESS OF
e g	X	7	OW SON	(IF NOT IN SUCH FACILITY, GI	VE STREET ADDRESS)	OSPITAL	ITY OF WORK FOR MOST OF WO	ORKING LIFE) INDUSTRY	1/
		_	AL RESIDENCE (IF NURSING HOME OF	5 T. JOSEF		1031/1742	Grimes	116 261	vice
State of the state	2	13a S	TATE 136 €OUN	TY 13c CITY C	OR TOWN	13d INSIDE CITY LIMITS?	13 STREET ADDRESS / ZI		-2121
		14. F.	THER'S NAME	CCE ,		YES NO IN NA 15 MOTHER'S MAIDEN NA	6660 Snow	aligei	2121
all	1		EJRST	SIDOLE A SIDOLE	197	FIRST	WIDDIE	IAI	ders
	š 🗸	160 1	VAS DECEASED EVER IN U.S. ARA	ED EODCESS 144 COCI	AL SECURITY NO.	Emma 17. INFORMANT	ADDRESS	3411	(1617
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1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	E		140	N/J	3 X X 7 /3	Connie Lou	very 6666		erry
and and a	1		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	y one couse per line for (a)	SESTIVE	HEATT 1	FAILURE	BETWEEN	ONSET AND DEATH
000	2		IMMEDIATE		3731102				
6.69	od li			DUE TO, OR AS A CO	NSEQUENCE OF	HYPEKTE	Eckica)		
offer and a second	ing.		Conditions, if any, which gave rise to immediate	(b) KOZA	100 ANT	19 11:21 112	50) 10 10		
4 5 6 5	200		cause (a), stating the	DUE TO, OR AS A CO	NSEQUENCE OF				
d by	6		underlying cause last.	(c)					
904		z	PART 2 OTHER SIGNIFICANT CO	onditions <u>contributi</u>	NG TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITI	ON GIVEN IN PART 1	O
17.0	9	CERTIFICATION							
9 1 1	29	ICA	190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY? 20	b. IF YES, WERE FINDING CAUSES	NGS USED OF DEATH?
Con A to B	4	E				T-1	YES NO	YES 🗌	NO 🗌
1 5 1 1 8			210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	HOUR A.M. MON	TH DAY YEAR	ZIE. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN	ITEM 18 PART 1 OR PART 2)	
10 811	7	ICAL	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19				
D STAN	100	MEDI	21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY		211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
日 五日日	orke		AT WORK AT WORK			1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
0 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	9		22a.1 certify that (1) (this haspite	ol) ottended the deceased	()	1(-) 19 8	1. 10		that (I) (we) to
B 55 4 5	7		saw the deceased alive an_ abave, (1) (we) (did) (did not	view the body ofter death	190 / , 0	nd that in (my) (our) apinion	death accurred on the date	and hour and from the	couses stated
of Special	1		276. SIGNATURE	May at		DEGREE		22c. DATE	SIGNED
T + +	M		() (an)	Kan &		ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	0 11-	8-81
FUNERAL old be det of the Stote	4 7		22d. PHYSICIAN'S NAME (TYPE OR	PRINT)		22e ADDRESS		75-11-11	
best of the the	M-OKIAN T		Flaucis X	COMMON	7				
2 P41	2	23a I	BURIAL, CREMATION, REMOVAL	236 DATE	23c. NAME OF C	EMETERY OR CREMATORY	23d LOCATION		
BP			BURTAL	11/13/87	CEDAR H	ILL CEMETERY	ANNE ARUND	COUNTY	MD
		24 F	JNERAL DIRECTOR				TE REC'D. BY REGISTRAR 26	REGISTRAR'S SIGNAM	LURE.
HMH - 16 60M 7 (VRA 15, 4)	7/84	M	M. C. MARCH F/H.	INC 1101	F MORTH	1101		Deviden R	andall
,		VV	1. U. HARUH I/II	1110., 1101	L. NUNTI	AVENUE 1 100	*		

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		1.	FOR STATE REGISTRAR		DEPART		EALTH AND MENTAL HYG		7 1	0 6 5
28	1 8 NOV 24	RZE	CEASED NAME FIRST		WIDDLE	1	AST	REG. NO		YEAR Zb. HOUR
	poge 3	(TYP	Clara Clara	L	ee	Gr	oss	November	18, 198	
	and and	3. SE	Х	4. RACE		5 DATE		6. AGE (IN YEARS LAST BIRT		
. 46	s oft		Female	Cauc	asian	OCT	. 4 1939	48	YRS.	DAYS HOURS MIN.
		4	RTHPLACE (STATE OR FOREIGN COUNTRY) Trginia	37	SA.	8. MARRIE WIDOWE	MEVER MARRIED DIVORCED	Baltimore city o	_	ATH MD.
10		B	altimore	422 G	illespie	ADDRESS)	or other institution eet	17a USUAL OCCUPATE (TYPE OF WORK FOR MOST O HOMEMAK		KIND OF BUSINESS OR
(ND 212	112	13a.	AL RESIDENCE (IF NURSING HOME STATE 36. CO Md.	OR OTHER INSTITUTION	134 CITY OR TOV	E ADMISSION)	13d. INSIDE CITY LIMITS? YES NO XX	130 STREET ADDRESS / 8405 Com	ZIP CODE mercial	20763 Street
BALTIMORE, MARYLAND	mpletely and 2 h	W I	ATHER'S NAME FIRST Walker	WIDDLE	Smith	1	15. MOTHER'S MAIDEN NA Virgie	ME MIDDLE	Whe	eeler
RE,	d co	lán.	VAS DECEASED EVER IN U.S.	ARMED FORCES?	166 SOCIAL SECT	JRITY NO.	17 INFORMANT	ADDRE	SS	
IWO	02 1/	1	n/a	n/a	230-48-	-0613	Joseph J. G	ross same	e as 13	e
	A Company		18 CAUSE OF DEATH (Enter PART I, DEATH WAS CAU IMMED	anly one cause pe SED BY: ATE CAUSE (a)	Jucen		The day:	well then N	etre; 81	APPROXIMATE INTERVAL ETWEENSONSET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST	yuires that the death signed by the attend hen please remove can o buriol, cremation, jury, or other traumat	N	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICAN	(b)_ DUE TO, (c)_	OR AS A CONSEQUE OR AS A CONSEQUE CONTRIBUTING TO	ENCE OF	NOT RELATED TO THE TERM	NINAL DISEASE OR CONF	DITION GIVEN IN F	PART IIO
LRECOR	has been permit. The principle of the permit. The permit of the permit o	CERTIFICATION	19a. DATE OF OPERATION	19b CONI	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?		FINDINGS USED CAUSES OF DEATH?
OF VITA	og physicic certificate rirol-transit ental Hygie ltem 18 sho		? (a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAM)	DEATH HOUR	OF INJURY A.M. MONTH D P.M.	AY YEAR	21c. HOW INJURY OCCUR			
IVISION	os the bur th and Me	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE	E OF INJURY TREET, FACTORY, OFFICE,	FARM, ETC.)	211. LOCATION STREET	CITY OR TO	wn col	UNTY STATE
	ATTENDIN Sspitol or CTOR: Af d for use o d for use o f. of Healti m 21 is ma		220.1 certify that (I) (this ha saw the deceased alive abave, (I) (we) (did) (did)	11/	16-Y 7 19_	17	nd that in (my) (aur) apinion	to to death accurred on the do		
0	if ALOR by the he h		226. SIGNATURE	- 1111	cur20	10	ATTENDING PHYSICIAN	DIRECTOR DIVISION		119/87
	retained by the TO FUNERAL should be defined by the Stote with the Stote IMPORTANT: It		1	150	M. Ye	5111	(0, N) 91	101 Clary	In J.	nuref
	BP		BURIAL, CREMATION, REMOV	11/2	0/87 IT	vy Hi	emetery or crematory 11 Cemetery			
	OHMH - 16 60M 7/84 (VRA 15, 4)	24 F	leck Funera:	Home,	y Spring Inc.Lau	Roarel,	d 20707 NO	DV 23 1987	25h REGISTRAR'S S	SIGNATURE

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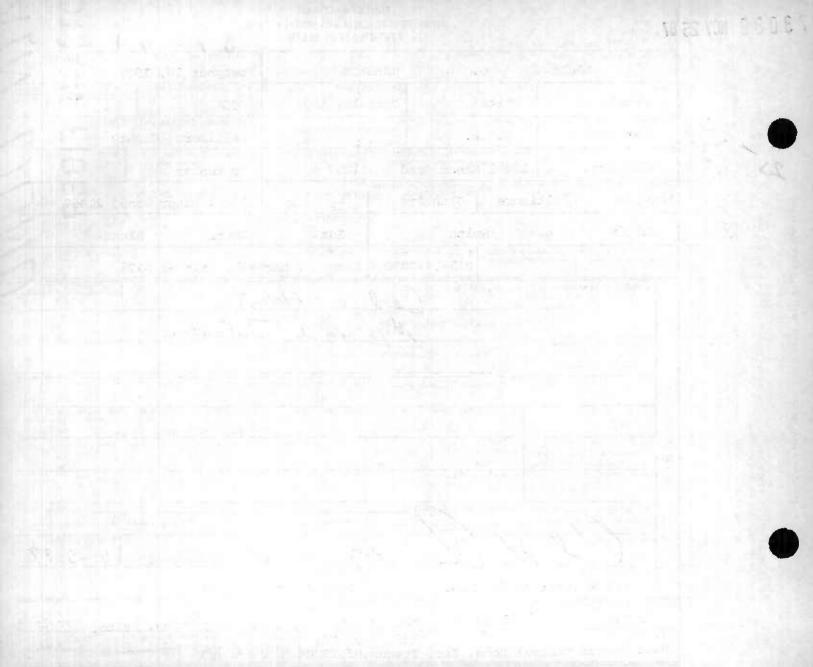




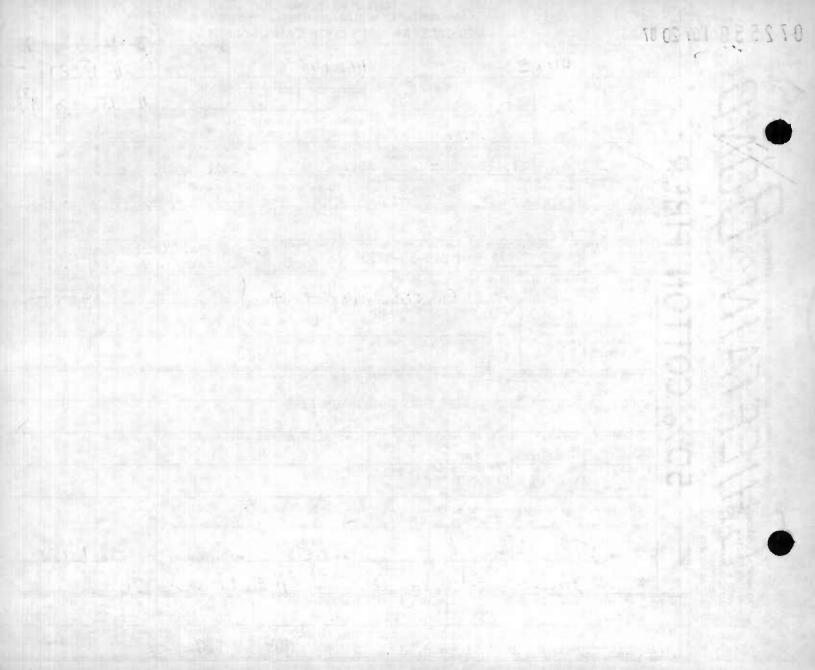
72145 ÑOV I	71 A	FOR 7STATE REGISTRAR		DEPART	MENT OF H	OF MARYLAND EALTH AND MENTAL ICATE OF DEATH			2 5 7
	1. DE	CEASED NAME FIRST MAE		KER		AST	20 DATE OF DEATH November 1	MONTH DAY Y	FAR 12h HOUR 5p
ge 4 may be rectar page 3 urs after death	3 SE	(4 RACE		S. DATE C		6 AGE (IN YEARS LAST BIR	THDAY) IF UNDER	M
Poge director		FEmale	White			7-1905	82	YRS.	
death P	W	RTHPLACE (STATE OR FOREIGN COUNTRY) Virginia	U.S.		WIDOWE	The state of the s	Bartimore	County	MD.
by the full with		Rossville	(IF NOT IN SU Fra	CHEACHITY, GIVE STREET INKLIN SQU	appress)	ospital	12d USUAL OCCUPAT (TYPE OF WORK FOR MOST C Vestern Ele	OF WORKING LIFET INDU	IND OF BUSINESS OR ISTRY REtired
filled in sould be	13a. S	AL RESIDENCE (IF MURSING HOME) TATE D. 136 CC	LE OR OTHER INSTITUTION DUNTY	130 CITY OR TOW Balto.	E ADMISSION)	13d INSIDE CITY LIMIT YES NO K	4014 Marj	ZIP CODE eff Place	Apt.F 2123
MARYL ed within ond 2 st	14. F/	THER'S NAME FIRST Edward	MIDDLE	Funk		15 MOTHER'S MAIDEN Molly	Maybelle	C1:	ine
e executed on ond comp		VAS DECEASED EVER IN U.S. (IF YES	ARMED FORCES? GIVE WAR OR DATES)	166 SOCIAL SECU 289-12-0		17 INFORMANT Leonora M.	Simmons - 40		f Place2123
certificate b mg physicial bon papers: r removal.		18 CAUSE OF DEATH (Enter PART I, DEATH WAS CAI	t only one couse pe USED BY DIATE CAUSE (a)	r line for ioi, (b), or Cardiore	spirat	ory Arrest			APPROXIMATE INTERVAL IWEEN ONSET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 1120 ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours to ottending physician and campletely filled in by as the burial-transit permit. Then please remove carbon papers. Pages 3 and 2 should be fit inh and Memol Hygiene prior to burial, cremotion, or removal. Overed or them 18 shows any injury, ar other traumatic eventrate medical examine must be in	NC	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying cause last. PART 2 OTHER SIGNIFICAL	DUE TO, C	Pulmonary Pulmonary OR AS A CONSEQUIMYOCARDI ONTRIBUTING TO	al Inf	arct	terminal disease or con	DITION GIVEN IN PA	ARI lio
At RECOR	CERTIFICATION	19a DATE OF OPERATION	196 CONE	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NOX	20b. IF YES, WERE IN CERTIFYING CA	FINDINGS USED AUSES OF DEATH?
ON OF VITAL HYSICIAN: The ding physicia is certificate h burial-tronsit Mental Hygies or item 18 sho		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAM	F DEATH HOUR A	DFINJURY M. MONTH D	AY YEAR	21c. HOW INJURY OC	CURRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART (OR P.	ART 2)
DING PHYSICIA or offending planter this certifice os the burielal off hond Mental	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE	OF INJURY TREET, FACTORY OFFICE	FARM, ETC [211 LOCATION STREET	CITY OR IC	OWN COU	NIY STATE
TTENDIN ortol or or TOR: Aff far use or af Health		22a.1 certify that XI) (this has a saw the deceased alive above XIX we) (did) (de	ospii Novembi	be decraged from	Novemb	per 4 198	November 10 Novemb	. 19	, that (X (we) lost
PITAL OR A' by the host leral DIREC se detoched Store Dept.		226. SIGNATURE	Ward 9	Idellio	n	ATTENDIN PHYSICIA	NO DIRECTOR PHYSIC	FF LIAN 9	DAJE SIGNED
TO HOSPITAL retained by 1 TO FUNERAL should be det with the Store		220 PHYSICIAN'S NAME (T Howard	Goldman, 1	M.D.		9000 Fra	nklin Square	Dr. 212	237
BP		BURIAL, CREMATION, REMO (SPECIFY) Burial	VAL 236. DATE			EMETERY OR CREMATO	Baltimo:	re,Marylan	
DHMH - 16 60M 7/84 (VRA 15, 4)		UNERAL DIRECTOR NAME John Miller	r Inc64	ADDRESS		250	NOV 1 6 1987		m. Randace

John Miller Inc.-6415 belair Rd.-21206

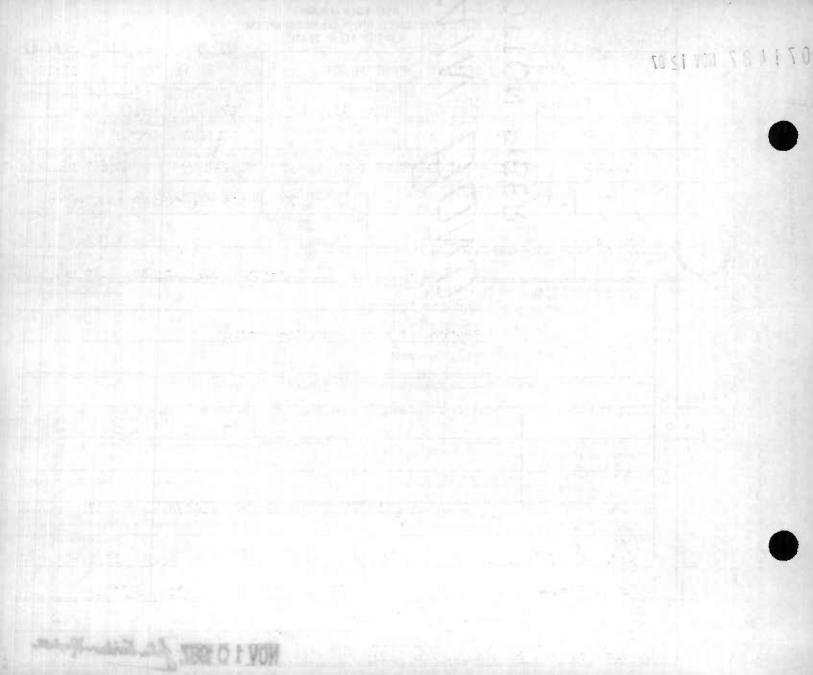
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	-	REGIOTRAR				ICATE OF DEATH	FEG. N	o. J	2	0 0
• w E		ECEASED NAME FIRS		WIDDLE		AST	20. DATE OF DEATH	MONTH DAY	YEAR 2	Ph HOUR
moy be r, poge 3		LAUR		•	HARE		November 2			٨
ector, p	3. SI	Female	4.RACE White		June	16, DAY 1902 EAR	6. AGE (IN YEARS LAST BII	YRS.		HOURS MIN.
nerol di 772 hai	7a. E	SIRTHPLACE (STATE OR FOREIG	7b. CITIZEN OF	WHAT COUNTRY?	8. MARRIE WIDOWE	D NEVER MARRIED	9 BALTIMORE CITY O			
by the fu	10. (Glen Arm	11. NAME OF 12401 SUC	HOSPITAL, NURSIN CHFACILITY, GIVE STREET Manor Roa	G HOME C	OR OTHER INSTITUTION 21057	12a. USUAL OCCUPAT (TYPE OF WORK FOR MOST O HOMEMAKET	F WORKING LIFE) IN	26. KIND OF I	BUSINESS OR
filled in filled in	Ma Ma	STATE STATE STATE	ome or other institution. COUNTY altimore	GIVE RESIDENCE BEFORE 134. CITY OR TOW Glen Ar	admission) N M	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS 12401 Mar	ZIP CODE	, 2105	7
ampletely on 2 sh	14. F	ATHER'S NAME Walter	B. MIDDLE SI	mith LAST		15. MOTHER'S MAIDEN NA/ Ida FIRST		Bluı	LAST	
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O FUNERAL DIRECTOR AI hould be detached for use with the State Dept of Hooly WPORTANT If from 21 h ma		77a. I certify that (I) Jahra saw the deceased almobows of twell (and) of 77a. SIGNATURE 22d. PHYSICIAN'S NAME (Paul Micha	re on id not view the body	of the death		d that in [my] (aur) opinion of that in [my] (aur) opinion of the company of the	DIRECTOR PHYSIC	is .		GNED
e comme	73a	BURIAL CREMATION, REMO	Control of the second	23 _E N		EMETERY OR CREMATORY	23£ LOCATION CITY OF TOWN	CON	INT	MAIX
BP DHMH - 16 60M 7/84 (VRA 15, 4)	24 F	UNERAL DIRECTOR		1	050 V	Epis. Ch. Cer ork Rd. 250 DATE Md. 21204 NO	E REC'D. BY REGISTRAR	25b. REGISTRAR'S	SSIGNATUR	aryland E



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. N DATE KNOWN ESTI-DIANE DEATH MATED 4. RACE 6 AGE (IN YEARS | IF UNDER 1 YR. 2d HOUR IF UNDER 24 HRS DATE LAST BIRTHDAYS PRONOUNCED Female White 08 - 23 - 5235 YRS 7b. CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY MARRIED NEVER MARRIED FOREIGN COUNTRY) U.S.A. Maryland WIDOWED DIVORCED Baltimore County 10. CITY OR TOWN OF DEATH II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION TYPE OF WORK 126 KIND OF BUSINESS Pikesville 2151 Woodbox Lane Apt. A Self Employed -Companion USUAL RESIDENCE LIFTIN NURSING HOME OR OTHER INSTITUTION. GIVE RESIDENCE REFORE ADMISSIONA 30 STATE 13b. COUNTY 13c. CITY OR TOWN 1134 INSIDE CITY LIMITS? 13e STREET ADDRESS 2151 Woodbox Lane Maryland Baltimore Pikesville Apt. 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Charles Harrison Theresa Maranto IT INFORMANT Mr. and Mrs. Charles Harrison 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 219-58-0755 7 North Baltimore Ave. Ventnor, N.J. 08406 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PARTIDEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 190 DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 UNDERLYING OR HOUR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN WHILE AT WORK 220. I certify that I took charge of the remains described above, held an and in my opinion Hamicide Undetermined manner TITLE (SPECIFY) 23c. NAME OF CEMETERY OR CREMATORY STATE Burial 11/18/87 Lake View Mem. Park Sykesville MD. 07 /84 25M 24 FUNERAL DIRECTOR Loring Byers Funeral Directors, Inc. 250. DATE REC'D. BY REGISTRAR 250, REGISTRAR'S SIGNATURE **DHMH - 17** 8728 Liberty Road Randallstown, MD. 21133 (VR A15 ME (51)



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR DESEASED NAME LAST AMELIA HILDA HARTHAUSEN 08 87 3. SEX 4. RACE 5 DATE OF BIRTH 6. AGE LIN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS MONTH YEAR Female White 1920 July 7a. BIRTHPLACE BALTIMORE CITY OR COUNTY OF DEATH I STATE OR FOREIGN Th. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED MD BALTIMORE COUNTY IIS 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a, USUAL OCCUPATION 126. KIND OF BUSINESS OR GREATER BALTIMURE MEDICAL CENTER Secretary working Life TOWSON Nataly Plastic Co USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13. STREET ADDRESS / ZIP CODE Rd BALTO 13c. CITY OR TOWN 13d. INSIDE CITY LIAUTS? MD 21207 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE FIRST Wunder Shore George Emma 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS TYES NO OR UNKNOWN LIE YES GIVE WAR OR DATEST 219-05-0233A David W. Harthausen, 945 Masefield Rd. 21207 No APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Cardiac tamponade DUE TO, OR AS A CONSEQUENCE OF Rupture of aorta with dissection Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LID DIVISION OF VITAL RECORDS, CERTIFICATION 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO F 210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 211. LOCATION CITY OR TOWN COUNTY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a I certify that (I) (this haspital) attended the deceased from 11/8 87 sow, the deceased alive an 11/8 above, (I) (we) (did) (did not) view the body after death , and that in (my) (our) apinion death accurred on the date and hour and from the causes stated 226 SIGNATURE 22c. DATE SIGNED ATTENDING MEDICAL shauld be detailed with the State 11/9/87 PHYSICIAN DIRECTOR PHYSICIAN K 22d/PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS John E. Adams, M.D. 6701 N. Charles St, Balto Md 21204 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY MD STATE ISPE Burial Nov.11,1987 Parkwood Baltimore COUNTY BY REGISTRAR 256, REGISTRAR'S SIGNATURE ROBERT RETORAL TENBURG FUNERAL HOME, INC. DHMH - 16 60M 7/84 6009 Harford Rd., Baltimore, Md. 21214 (VRA 15, 4)

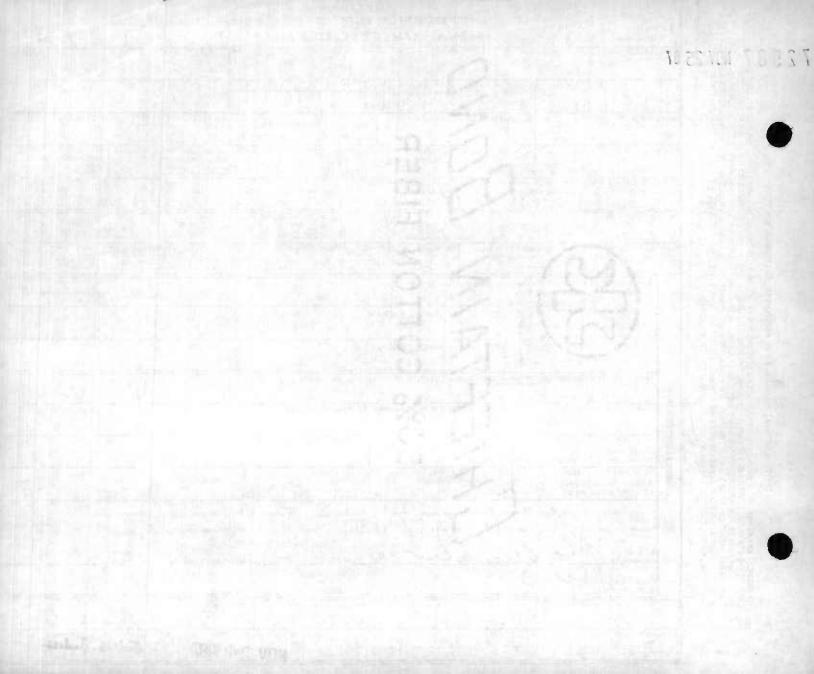


FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR OF PRINT 26 HOUR Christopher Hartman Bernard 730 4 RACE 3 SEX 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR MONTH YEAR Mal≏ White -March 23 1908 HE BIRTHPLACE (STATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED USA Baltimore County Maryland WIDOWED X DIVORCED [ID. CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY / Instrument Proc Maryland Joseph's Hospital Machinist Production Baltimore 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS / 71P CODE Waryland Towson 7001 N. Charles Street #21204 NO TX 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME 21204 MIDDLE Phillip Margaret (Unknown by Informant) Hartman Palos Heights, Illinois Dennis M. Hartman, 7915 Golf Dr., 60463 In WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT No 218 10 5860 18 CAUSE OF DEATH (Enter only one cause per ling for 101, (b), and ic PART I. DEATH WAS CAUSED BY: DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO NO T 71a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY 50 CITY OR TOWN COUNTY STATE AT HOME, STREET FACTORY, OFFICE, FARM ETC I NOT WHILE 220 1 certify that (1) (this haspital) attended the deceased fram. saw the deceased alive on_ and that in (my) (our) opinion deoth accurred on the date and hour and from the causes stated above, (1) (we) (did) (did nat) view the body after death 226. SIGNATURE DEGREE MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS MPORT £ 0 23a BURIAL, CREMATION, REMOVAL 23b DATE 23¢ NAME OF CEMETERY OR CREMATORY Burial Md. STATE Overlea Balto. Gardens of Faith Cem. 11/7/87 24 FUNERAL DIRECTOR D BY REGISTRAR 256, REGISTRAR'S SIGN ASHPLAND DHMH - 16 60M 7/B4 Martin D. Lawson 10 W. Padonia Rd (VRA 15, 4)

NOVO 6 1981

12	1,	Item 5, FilmG634 FOR - STATE	12/4/8/7	DEPARTMENT OF		ARYLAND AND MENTAL H	YGIENE	
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LEAS CTOR OUR OUR	3. S	EX A. RACE	S. DATE OF BIRTH	6 AGE (IN YEA	RS IF UNE	DER 1 YR. IF UNDER :	24 HRS. 2c. DATE MC	11 161987 37 M
DIRECTOR 272 H	,	Female Black	8-22-28	59 YR	MONTHS	DAYS HOURS	MIN PRONOUNCED DEAD	1 V6 1987 300 M
VECESSA CONERAL FOR Y WITHIN		BIRTHPLACE (STATE OR DEEGN COUNTRY) Vania	USA	HAT COUNTRY?	8. MARRIE	ED NEVER MARRIE	- 6 - 0	OUNTY OF DEATH MD.
DELAY IS NECESSARY, PLEASE TO THE FUNERAL DIRECTOR. IN PAGE 5 FOR YOUR FILES. TO WE PRESION STREET,	1	Balto	Ra LLim	SPITAL, NURSING HOME ACHITY, GIVE STREET ADDRESS)	Co	ARTCL HOS	FOR MOST OF WORKING LIFE) SECRETARY	vork 12b. KIND OF BUSINESS OR INDUSTRY Postal
MD. 21201 H. IE ANY D. 2. AND 3 EFTAIN 2. EFTAIN 3. Z. INCHES TG. EFCAIN	34	DAL RESIDENCE (IF IN NURSING HOME		Va it objects admission	1	13d. INSIDE CITY LIMITS? YES X NO		rive9999
TUMORE, MD TER DEATH E PAGES 1.2 FORM PAGES FORM OF VIEW	32	Russell Cook	MIDDLE	LAST		Addle	MIDDLE C.O.	O.K. LAST
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B BE E B B BE E B B B B B B B B B B B B	TION			TION FOR WHICH OPER			() (G)	20 AUTOPSY?
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HIS WAR	MEDICAL	21d. INJURY OCCURRED WHILE DOT WHILE AT WORK AT WORK		OF INJURY (AT HOME, TORY, FARM, ETC.)	211. LOC	ATION	CITY OR TOWN	COUNTY STATE
TO MEDICAL EXAMINER: TO MEDICAL EXAMINER: TO EXECUTE THE CERTIFICATE. FOR A SHOULD BE FORM TO PUNESTORS OF TO PUNESAL UNITH THE ST BATTIMORE, MARYLAND, 3		22a. I certify that took chardeath resulted from Notus ACTUAL SIGNATURE	ge of the remains de orginavies		Autapsy cide ,	Hamicide ,	Undetermined manner ,	DATE 11 /26/87
O MEDIN SECUTE PAGE 4 PAGE 4 SETER DE	4	EXAMINER'S NAME (TYPE OR PRINT)	P.W.Y	1 i Amson	IL A	ADDRESS 555	PASTO 151'H	PK212-5
999999	230	BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation	12-2-87	R.A. F	METERY OR Brris		Westcheste	COUNTY STATE
DHMH - 17 (VR A15 ME (5))	24	FUNERAL DIRECTOR	ouglass	HOLD BY THE		25a. DATE R	ECO. BY REGISTRAR 256. REGISTRA	
20M 4/82								

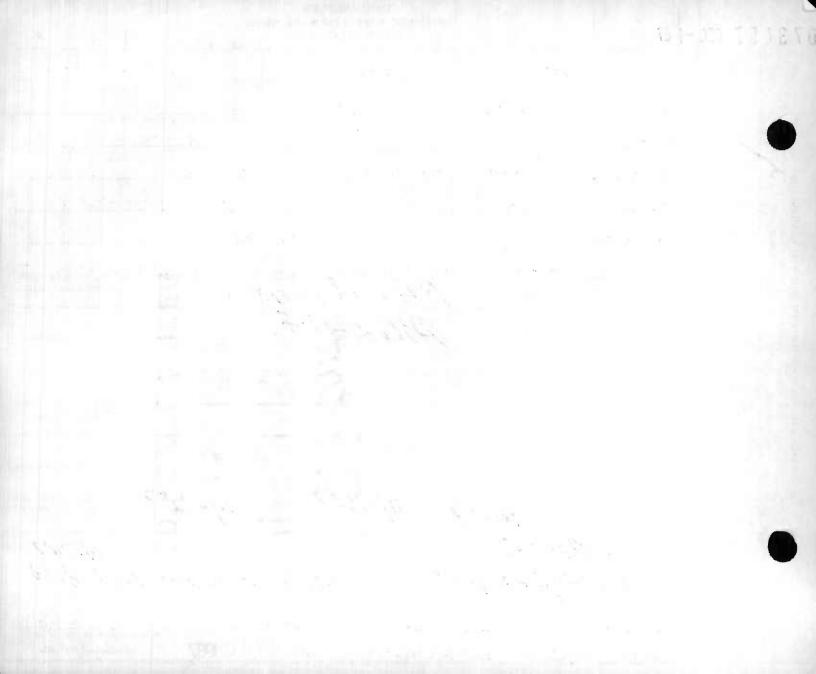
DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR PECEASED NAME KNOWN OF ESTI-ARY, PLEASE DIRECTOR. OUR FILES. N 72 HOURS D. Mary Hartwell DEATH MATED 11-20-8 4. RACE DATE OF BIRTH AGE (IN YEARS IF UNDER 24 HRS 2d HOUR DATE LAST BIRTHDAY) PRONOUNCED 10:30 DEAD Female White 12 -06 -97 89 BIRTHPLACE (STATE OR Th. CITIZEN OF WHAT COUNTRY 9 BALTIMORE CITY OR COUNTY OF DEATH FOREIGN COUNTRY MARRIED NEVER MARRIED U.S.A. WIDOWED X Baltimore County, DIVORCED New Jersey 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION ITYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY Randallstown Baltimore County General Hospital Domestic Homemaker UAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 36. COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 13c. CITY OR TOWN Carroll Sykesville Maryland NOXX C-94 7200 Third Avenue 21784 FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST MIDDLE Davis Cushman Mary Henry . WAS DECEASED EVER IN U.S. ARMED FORCES 17. INFORMANT 166 SOCIAL SECURITY NO 1523 22nd Street, NW John M. Hartwell Washington, DC 20037 139-38-5447 NO CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c). APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH AS A BURIAL - TRANSIT PERMIT AITH AND MENTAL HYGIENE, CREMATION, OR REMOVAL. Multiple Injuries IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION Arteriosclerotic cardiovascular disease 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? BURIAL DIVISION OF VITAL O MEDICAL EXAMINER: THIS CERTIFICATE SH XECLIE THE CERTIFICATE, WRITING THE WORL AGE & SHOULD BE FORWARDED TO THE OP OF THE SHOULD BE SHOULD BE USED SHOWNENT OF THE STATE DEPARTMENT OF THE USE OF THE USED SHOWNENT OF THE USE OF THE U YES X NO [21a. EXTERNAL CAUSE WAS 216. TIME OF INJURY HOUR A.M. MONTH DAY PREAR 21c. HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 21 UNDERLYING DOR CONTRIBUTING CAUSE OF DEATH P.M. 11-16- 1087 Pedestrian struck by motor vehicle 21e PLACE OF INJURY 21L LOCATION STATE WHILE AT WORK AT WORK Street 7200 Third Avenue Sykesville Carroll MD Autopsy Inspection death resulted in Undetermined monner TITLE (SPECIFY) ACTUAL 11-21-87 DATE SIGNATURE MEDICAL EXAMINER Smialek, M.D. John E. 111 Penn Street, Baltimore, MD 21201 TYPE OR PRIN PAC PACE 23c. NAME OF CEMETERY OR CREMATOR 23d LOCATION Carroll Cremation Serv. Hampstead CREMATION 11 - 21 - 87MD Carroll 07/84 25M 250. DATE REC'D, BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 17 HATGHT FUNERAL HOME 1 ... Resident Res SYKESVILLE, MD 21784 (VR A15 ME (5))



583 NOV	28	FOR TATE REGISTRAR	e wjen iii		MENT OF HI	OF MARYLAND EALTH AND MENTAL HY CATE OF DEATH	GIENE /REG. NO.	1274
may be page 3 ter death	{TYPE		SHARRIET 2007	COLEM	IAN HÃ	HARVEY	20. DATE OF DEATH MONTH	9-87 9:45P
lector. po		male F		White	5 DATE O		6 AGE (INYEARS LAST BIRTHDAY) 8 9 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS
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hold by falled	Ma	ryland ITHER'S NAME	COUNTY	Baltimor	re e	136 INSIDE CITY LIMITS? YES NO 1	6201 Loch Raven	Blvd. 21239
ond 2)	James	K Harry	Colema		Mary	Elizabeth	Costin
Poges		VAS DECEASED EVER IN U ES, NO OR UNKNOWN) (IF	I.S. ARMED FORCES? YES GIVE WAR OR DATES)	217-57-	7876	C. R. Harvey	ADDRESS 1015 Marleigh Ci	
ophysic and a second		18. CAUSE OF DEATH IER PART I. DEATH WAS C	nter only one cause per CAUSED BY: AEDIATE CAUSE (a)	tine for (a), (b), and CARDIOG	5VIC	SHOCK		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
n signed by the Then please rem ta burial, cremo njury, ar ather t	NO	underlying couse lo	the DUE TO, O	R AS A CONSEQUE		NOT RELATED TO THE TER	minal disease or condition giv	'EN IN PART 110
hos beer to permit.	CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATION	N WAS PERFORMED	200 AUTOPSY? 206. IF YES NO YES YES	S, WERE FINDINGS USED SYING CAUSES OF DEATH?
this certificate he burial-transit pad Mental Hygies dar Hern 18 Yag	MEDICAL CER	210, ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICALE)	E OF DEATH HOUR A.	M. MONTH DA	AY YEAR		RRED (ENTER NATURE OF INJURY IN ITEM 18 P	PART I OR PART 2)
After this ie as the bialth and M	WED	21d INJURY OCCURRED WHILE NOT WHILE (21e PLACE (AT HOME STI	OF INJURY REET FACTORY OFFICE F	ARM ETC)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
DIRECTOR: Afi sched far use a Dept. af Health f hem 21 is ma		22s I certify that (1) (this saw the deceased all above, (1) (we) (did) (haspital) attended the live on 11-9-8	e deceased from_ 7 19_ ofter death.		d that in (my) (cur) apinion	to 11-9-87	19, that et (we) los r and from the causes stated
		Harren Val	DerCho			MD ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	11-9-87
d be		FRANCIS 7	' '	1.0		St-Joseph	Hospital	
0 0 4 d								
TO FUN should E with the IMPORT	В	SURIAL, CREMATION, REM SPECIFY) Urial Uneral director	236. DATE 11-12			ne Park	23d LOCATION Baltimore TEREC'D. BY REGISTRAR 25b REGIST	COUNTY Marylan

A DECEMBER OF THE STATE OF THE

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7 DEC -	5/	STATE REGISTRAR			CERTIFICATE O	F DEATH	A REG. NO	3	1 3	1. 0
		CEASED NAME	FIRST	MIDDLE	LAST		2a DATE OF DEATH	MONTH D	AY YEAR	2b HOUR
	1	G	Saylord		Hawkins			11/27	/87	11:00 ART
	3. SE	(4 RACE		5. DATE OF BIRTH	Y YEAR	6. AGE (IN YEARS LAST BIR	THDAY)	IF UNDER TYEAR	IF UNDER 24 HRS
	ma	le .	white		05/04/11		76	YRS		
35		RTHPLACE (STATE OR FO	OREIGN 76. CITIZEN O	F WHAT COUNTRY?	MARRIED A NEVI	ER MARRIED	9 BALTIMORE CITY O	R COUNTY	OF DEATH	
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1	10 C	TY OR TOWN OF DEA		F HOSPITAL, NURS II	NG HOME OR OTHER I	NSTITUTION	12a USUAL OCCUPATI	ON	12b. KIND C	OF BUSINESS OR
10		tonsville	Meri	dian Nurs	ing Center		Electricia			onst.
20	USU.		NG HOME OR OTHER INSTITUTION	13c CITY OR TOV		E CITY LIMITS?	13e.STREET ADDRESS	ZIP CODE		
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×	14. FA	THER'S NAME	MIDDLE	LAST	15. MOTH	ER'S MAIDEN NA			LAS	
J.	C.	T. Hawkins			E	Bird M. H				
		VAS DECEASED EVER I	N U.S. ARMED FORCES	? 166 SOCIAL SECI			ADDRE	SS		
1	nc		(# 163, 614, 114, 614, 614, 614, 614, 614, 614	213-03-	7626 Annie	H. Hawl	kins 4714 W	ashin	rton Bl	vd. 2122
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No S	5 5	196 DATE OF OPERAL	198 CON	IDITION FOR WHICH	OPERATION WAS PE	KPOKMED		IN CERTIFY	ING CAUSES	OF DEATH?
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2		OR CONTRIBUTING C	AUSE OF DEATH HOUR	A.M. MONTH	AY YEAR	· majori occor	WED LEWISK NATURE OF INTO	A BY MAILEM 18 PA	RITORPARIZ)	
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		AT WORK AT WOR	lx U	1	11/17/8	7	11/27	17		
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m 2 l		obove, (I) (we) Id	id) (did not) view the boo	dy ofter death		my (our opinion		ote ond nour		
H H		22b. SIGNATUR	mul _		DEGREE	ATTENDING	MEDICAL STAI	FF	22c. DATE	77117
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≥		BURIAL, OREMATION,	REMOVAL 23b. DATE	23 c.	NAME OF CEMETERY	OR CREMATORY	23d LOCATION		COUNTY	STATE
		remation	11/2	9/87 B	alto-Wash	Cremato	ory Laurel		P.G.	Maryland
7/B4		UNERAL DIRECTOR		ADDRESS			TE REC'D. BY REGISTRAR			
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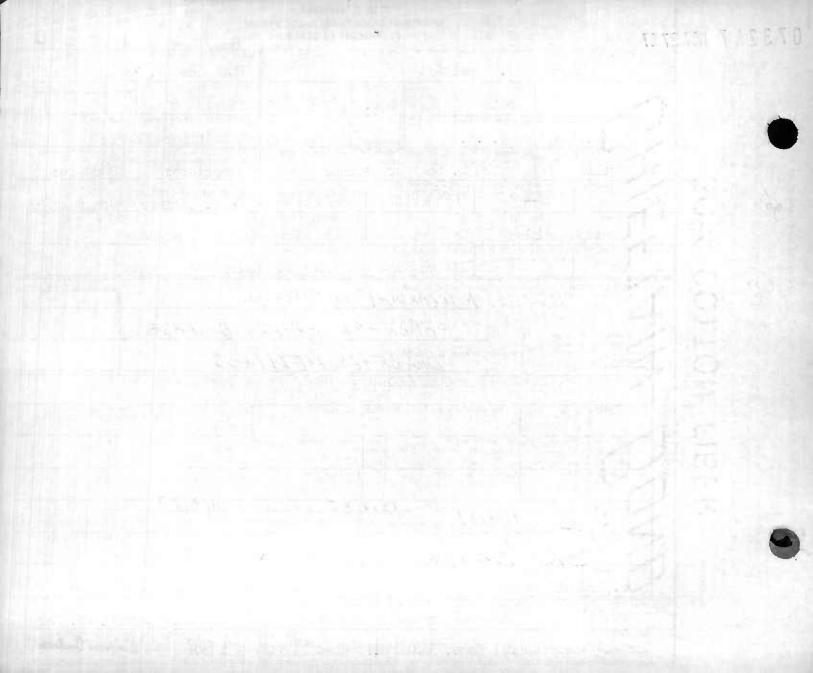
STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE BATATE REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. DECEASED NAME KNOWN Z (TYPE OR PRINT) OF ESTI-Thomas Α. Hawkins 4 RACE 3. SEX 5. DATE OF BIRTH & AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE 82 VAST BIRTHOAY) 11-8-05 PRONOUNCED Male White 7b. CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland U.S.A. Baltimore County DIVORCED PLED, 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE)
Ass't. Treas. 90 Dunkirk Road 21212 Baltimore Power Tool USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 90 Dunkirk Road 21212 Baltimore Baltimore Maryland NO K 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Alfred Adelaide Hawkins Cousins 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO 17 INFORMANT ADDRESS 21222 (YES, NO. OR UNKNOWN) No 216-09-6081 Rev. Robert G. Hawkins 2903 Dunleer Road CAUSE OF DEATH (Enter only one cause per line for (s WERN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IO 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING CONTRIBUTING CAUSE OF DEATH P.M 21e PLACE OF INJURY (AT HOME 21f. LOCATION AT WORK NOT WHILE STREET, FACTORY FARM FTC 1 STREET CITY OR TOWN STATE COUNTY 22a I certify that I taak charge of the remains described above, held an Autopsy Inspection and in my opinion death resulted from: Natural causes Undetermined monner EXAMINER'S NAMCharles F. O'Donnell 7501 York Road 21204 230. BURIAL, CREMATION, REMOVAL 23b. DATE 236 NAME OF CEMETERY OR CREMATORY 23d LOCATION Burial 11-18-87 Dulaney Valley Lutherville Baltimore Maryland 24 FUNERAL DIRECTOR **DHMH-17** Mitchell-Wiedefeld Home 6500 York Road 21212 (VR A15 ME (5) 15M 2/80

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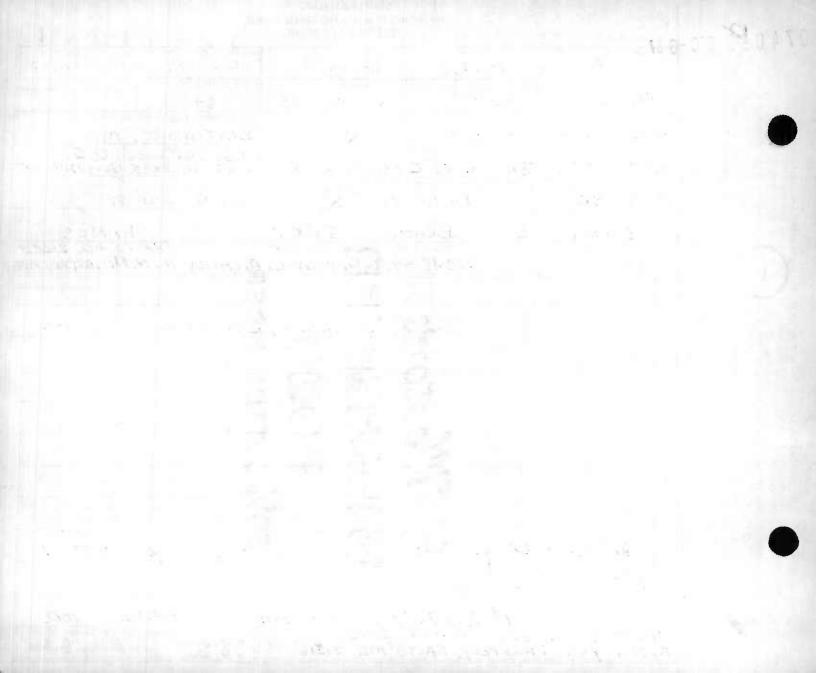
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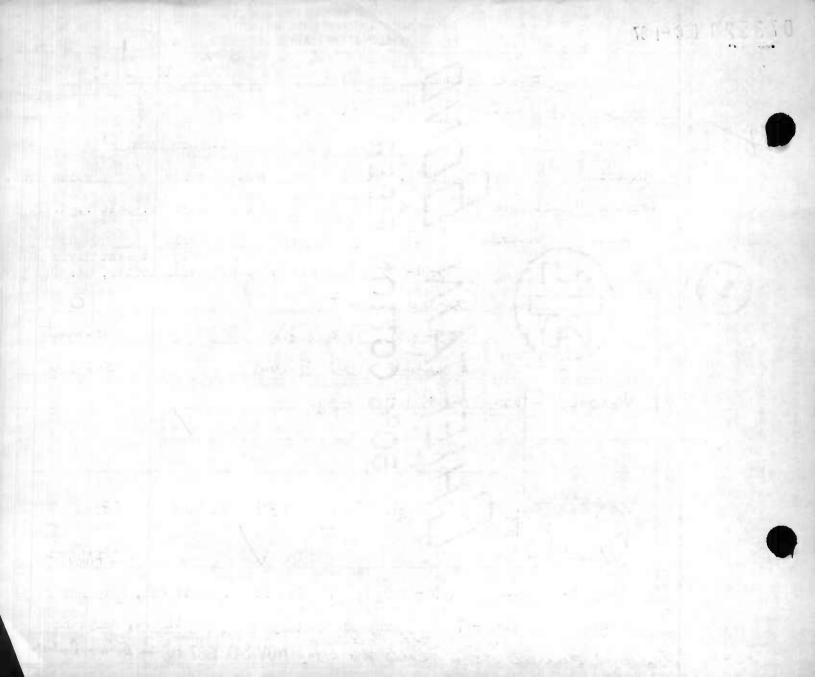
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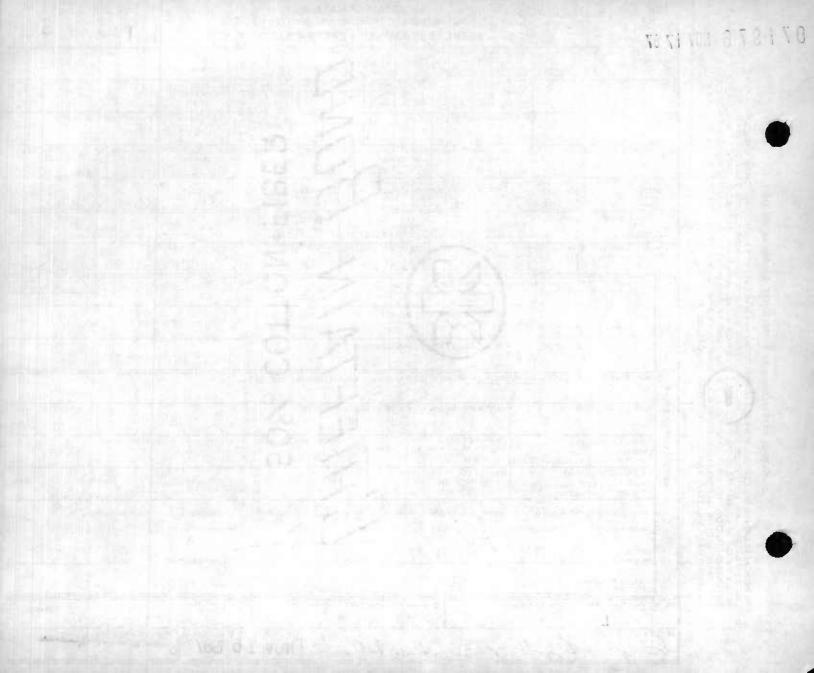
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH 23 ATREGISTRAR DECEASED NAME (TYPE OR PRINT) deoth William 87 Himmelheber. 3 SEX 4 RACE DATE OF BIRTH AGE LIN YEARS LAST BIRTHDAY IF UNDER 1 YEAR IF UNDER 24 HRS MONTH YEAR 28 Male White a. BIRTHPLACE I STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY DIVORCED Baltimore County WIDOWED 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Salesman-Md.Nat.Truck Catonsville 306 N. Rolling Rd 130 STREET ADDRESS / ZIP CODE Balto., Md. 136 COUNTY 130. STATE 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? P 1306 N. Rolling Rd. Balto Catonsville Md 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME LAST FIRST MIDDLE MIDDLE Schmalzer Henry Himmelheber Emma 17 INFORMANT 1306 N. Rolling Rd. - Balto. Md. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Mrs. Dorothy M. Himmelheber #21228 220-24-1353 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO LEASED NAME Elisabeth DuVal Hobelmann 26. 1987 3 SEX 4. RACE 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR Nov. 14, 1893 RTHE. 7b. CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR FOREIGN 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED USA Baltimore Co. . WIDOWED DIVORCED [11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION ID CITY OF TOWN OF DEATH 12h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Towson Meridiah Multi-Medical Secretary Art Museum Baltimore 13e.STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? Md. 3838 Roland Ave. 21211 YES X FATHER'S NAME 15. MOTHER'S MAIDEN NAME Edmond Bryce DuVal Agnes Susan Jay 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT 3811 Canterbury Ro 215 07 2522 Mrs. Augusta Hennighausen 21218 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o DIVISION OF VITAL RECORDS, 201 W. PRESTON DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH, BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 710. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 71e. PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from. and that ig my (our) opinion death occurred on the date and hour and from the causes stated DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS N. Charles St Baltimore, MD 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY (SPECIFY) Cramation Baltimore, Md. Green Mount Cem. 24 FUNERAL DIRECTOR DHMH - 16 60M 7/84 6500 York Rd. MITCHELL-WIEDEFELD HOME, INC. (VRA 15, 4)

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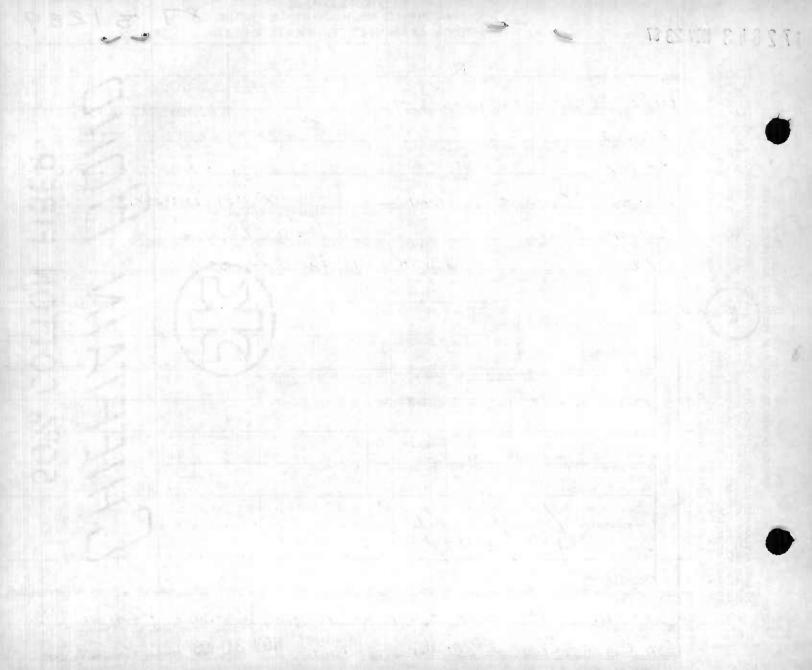
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 20 DATE KNOWNXX DECEASED NAME (TYPE OR PRINT) ESTI-Hoblitz 16,0 87 Ellen DEATH MATED 4 RACE DATE OF BIRTH DAY SEX 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS DATE YEAR LAST BIRTHDAY) PRONOUNCED 16 10 87 DEAD 9. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR MARRIED NEVER MARRIED FORSIGN COUNTRY! WIDOWED DIVORCED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS OR INDUSTRY Square Hospita CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS DRRYHALL 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE LAST MIDDLE LAST 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17. INFORMANT (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: chest Gunshot wound of IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gave rise to immediate 3 couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 .0 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? NO XX YES . EXECUTE THE CERTIFICATE, WRITING THE WO PAGE 4 SHOULD BE FORWARDED TO THE CTO FUNERAL DIRECTOR: PAGE 3 SHOULD BE ATTER DEATH WITH THE STATE DEPARTMENT BALTIMORE, MARYLAND, 21201 PRIOR TO BU 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR 9-16 19 87 CONTRIBUTING CAUSE OF DEATH Self inflicted gunshot wound The PLACE OF INJURY 21d. INJURY OCCURRED STREET, FACTORY, FARM, ETC) CliffordAvenue, PerryHall, BalcoMD NOT WHILE AT WORK AT WORK home Inspection X X 22a. I certify that I taak change at the Autopsy and in my opinion Inquiry Homicide _____ death resulted from Undetermined manner Deputy Re-issipled 904 ACTUAL John EXAMINER'S NAME Guerin, MD Pau Franklin Square Hospital (TYPE OR PRINT) 23g. BURIAL, CREMATION, REMOVAL 23b DATE 23c. NAME OF CEMETERY OR CREMATOR 23d LOCATION ALTINORE 07/84 25M 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR PHEKAUE **DHMH - 17** (VR A15 ME (5))



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FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. LAST DECEASED NAME EIRST 2h HOUR Hoffman Nov. 12, 1987 Mary 11:30p L. & AGE LIN YEARS LAST BIRTHDAY 5 DATE OF BIRTH 4 RACE IF UNDER I YEAR YFAR 1929 White 10 FEMALE Feb. 58 BIRTHPLACE (STATE OF FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED A NEVER MARRIED Baltimore County U.S.A. WIDOWED DIVORCED 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12h KIND OF BUSINESS OF (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) ITYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY Cafeteria Worker 21619 Middletown Road **Ereeland** Education USUAL RESIDENCE | IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
136 STATE 136 COUNTY 136. CITY OR TOWN 130.STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? 21619 MIddletown Rd. 21053 Baltimore Freeland NO X Maryland 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE Stiffler Walter Minnie Krout PRESTON ST., BALTIMORE, 166 SOCIAL SECURITY NO 17 INFORMANT 21619 Middletown Rd. 187-24-0738 Allen S. Hoffman, Jr. Freeland, MD APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CARMOPULMONARY ARREST IMMEDIATE DUE TO, OR AS A CONSEQUENCE OF MIETASTASIS TO BRAIN Conditions, if any, which 2 MONTH gove rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause BRONCHOGENIC CARCINOMA HULLTIIS PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART Lia CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOM NO [210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINERS P.M 19 21d INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION COUNTY STATE CITY OR TOWN AT HOME, STREET, FACTORY OFFICE FARM ETC.) NOT WHILE 220 I certify that (1) (this hospital) attended the deceased from, saw the deceased olive an_ and that in (my) (our) opinion death occurred on the date and have and from the causes stated abave, (I) (we) (did) (did nat) view the body after death. 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL 11/13/87 -1000 17.0. PHYSICIAN THE DIRECTOR PHYSICIAN FUNERAL MPORTANT: 27d PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS R.S. GOODSTEIN D.O. with 0 23e BURIAL, CREMATION, REMOVAL 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION Freeland Nov. 16, 1987 Middletown Cemetery Baltimore Burial 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATE 24 Second St. DHMH - 16 60M 7/84

New Freedom, PA 17349

J.J. Hartenstein

(VRA 15, 4)

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FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO DOCEASED NAME IF UNDER THE AR 3. SEX 5. DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) White Male 10 -049. BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED A NEVER MARRIED U.S.A. Baltimore County Maryland WIDOWED IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 17a LISUAL OCCUPATION 17h KIND OF BUSINESS OR LIF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY Baltimore Co. General Hospital Randallstown Civil Engineer Baltimore City USUAL RESIDENCE HE NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONA 21784 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE Carroll Svkesville A-305 7200 Third Avenue Maryland FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE LAST FIRST MIDDLE Johanna Wellman Hokanson August 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT A-305 7200 Third Avenue YES NO OR UNKNOWN LIF YES, GIVE WAR OR DATES! Sykesville, MD 21784 214-40-4501 Margaret B. Hokanson APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY: 3 day IMMEDIATE CAUSE (a), DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11g 19a DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOX YES [710. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 211. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) PM 71d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE AT HOME STREET FACTORY OFFICE FARM ETC 1 NOT WHILE 220.1 certify that A (this hospital) attended the deceased from sow the deceased alive on abave (t) (we) (did) (did not) view the body after death and that in (my) (our) opinion death occurred an the date and hour and fram the causes stated 276 SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN MPORTANT. 22e. ADDRESS 22d PHYSICIAN' should be with the S 23c. NAME OF CEMETERY OR CREMATORY 236 BURIAL CREMATION, REMOVAL 236 DATE CITY OR TOWN STATE 11-06-87 CREMATION Carroll Cremations Hampstead 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 F.H. SYKESUILLE

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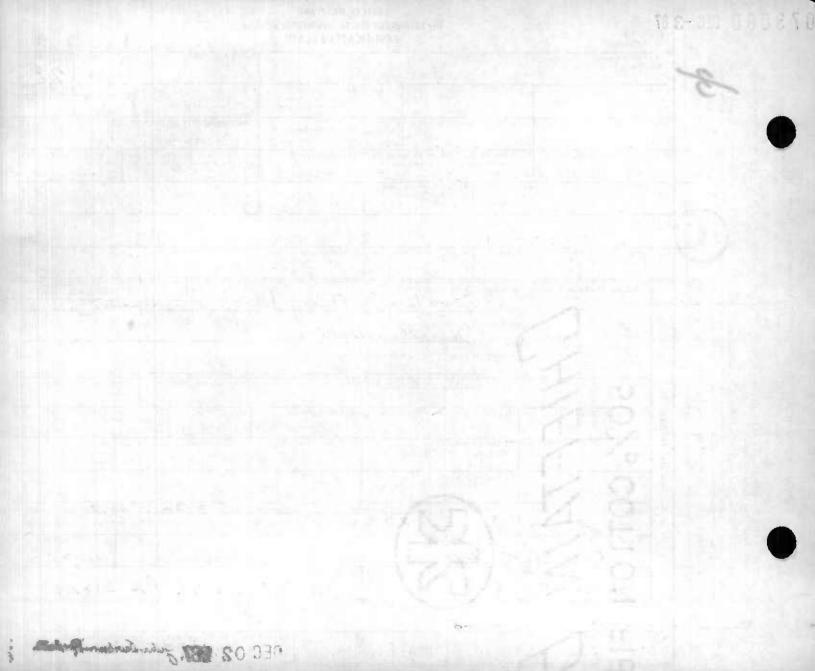
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DD		(SPECIFY)		TO CEMETER OR CREMATOR	CITY OR TOWN	COUNTY STATE
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE SEGISTRARHELEN BARBARA HYMEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO DECEASED NAME O. DATE KNOWN 26. HOUR (TYPE OR PRINT) **ARBARA** OF ESTI E FUNERAL DIRECTOR.

F FOR YOUR FILES.

D WITHIN 72 HOURS

W. NEESTON STREET, DEATH MATED 18 2d HOUR 4. RACE DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR IF UNDER 24 HRS 2c. DATE MONTH LAST BIRTHDAY) PRONOUNCED JUNE 16,1933 54 YRS DEAD 19 7b. CITIZEN OF WHAT COUNTRY? 7s BIRTHPLACE 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X MARYLAND U.S.A. DIVORCED WIDOWED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126. KIND OF BUSINESS OR INDUSTRY SUCH FACILITY, GIVE STREET ADDRESS)
'IMORE COUNTY GENERAL HOSPITAT FOR MOST OF WORKING LIFE) RANDALLSTOWN DISABLED N/A USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) CATONSVILLE 13e STREET ADDRESS 13d. INSIDE CITY LIMITS? MARYLAND NOXIX 6304 ROWE COURT 21228 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME CLYDE MIDDLE LAST **JESSE** HELEN KRAFT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 7. INFORMANT 6304 ROWE COURT NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES 217-58-2034 JESSE CLYDE HYATT CATONSVILLE, MD. 21228 CAUSE OF DEATH (Enter anly one cause per line far (a), (b), and (c).) PART I DEATH WAS CAUSED BY: MMEDIATE CAUSE (a) AKTERIAS OLO DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which CET Mell, 70 gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PROCE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMORDATION OF FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BUDIAL THE REFRORATH, WITH THE STATE DEPARTMENT OF HEALTH AND MEDICAL FREEDER HEALTH AND MEDICAL FOR TO BURIAL CREWATION C lying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (6) CERTIFICATION 196. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO T 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21¢ HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH P.M. 2 I PLACE OF INJURY (AT HOME. 21d INJURY OCCURRED 21f LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OF TOWN COUNTY STATE WHILE AT WORK 22a. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my apinian death resulted from Homicide Natural causes Undetermined manner TITLE (SPECIFY) ACTUAL DATE SIGNATURE EXAMINER'S NAME TYPE OR PRINT 236 BURIAL, CREMATION, REMOVAL 236. DATE 236 NAME OF CEMETERY OR CREMATORY LORRAINE PARK 23d. LOCATION MD. STATE COUNTY BURIAL 11/7/87 WOODLAWN BP. 14 FUNERAL DIRECTOR RUSSELL C. WITZKE FUNERAL HOMES P. 450 DATE RECO. BY REGISTRAR 255 REGISTRAR'S SIGNATURE 1630 EDMONDSON AVENUE, CATONSVILLE, MD. 21228 **DHMH - 17** (VR A15 ME (5) 15M 2/80

Owings Mills, Md.

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	7a BII	RTHPLACE (STAT	E OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D A NEVERA	AARRIED 🗆	9. BALTIMORE CITY	OR COUNTY C	F DEATH			
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		ndallsto		(IF NOT IN SUC	IAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION FNOT IN SUCH FACILITY, GIVE STREET ADDRESS) Ltimore County General Hospital Dispatcher—									
	USUA	AL RESIDENCE (#	NURSING HOME O	ROTHER INSTITUTION.	GIVE RESIDENCE BEFORE	ADMISSION)							_	
	M		Bal	imore	Woodlaw		134 INSIDE C	ио 🔼	4 Russe.	1 Court	212	07		
1		THER'S NAME FIRST		MIDDLE	LAST			FIRST	MIDDLE		- LA	.51		
1		arry			Iman		Eva		Lena	200	Lantz			
		VAS DECEASED E VES, NO OR UNKNOWN		RMED FORCES?	212-20				Gearline		100	01007		
	У	es		JW II	212-20	7-0002	4	Kussel	ll Court V	Woodlawn		21207		
		18. CAUSE OF D	EATH (Enter o	nly one couse per	line for (0), (b), one	d (cl.)	A	T			BETWEEN	ONSET AND DE	ATH .	
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				DUE TO, O	R AS A CONSEQUE	NCE OF	PA	- T-10	H 1040	S. A.		C 1		
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		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PA										(0)		
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	MEDICAL CERTIFICATION	19a DATE OF OP	ERATION	19b, COND	ITION FOR WHICH	OPERATIO	N WAS PERFO	RMED	20a AUTOPSY?	20b. IF YES,	WERE FIND	NGS USED		
4	TIF					YES NOW YES						NG CAUSES OF DEATH?		
7	CER	210. ACCIDENT WA		216. TIME O	FINJURY M. MONTH DA	Y YEAR	21c HOW IN	JURY OCCUR	URRED (ENTER NATURE O INJURY IN ITEM 18 PART 1 OR PART 2)					
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	EDI	21d INJURY OC	CURRED	21e. PLACE	OF INJURY REET, FACTORY, OFFICE, F	ARM FIC I	211 LOCATIO	N	CITY OR TOWN COUNTY					
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				ot) view the body	ofter death.	, 01	nd that in (fiy)	our) opinion	death occurred on the	date and hour o	and from the	couses state	d	
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		9	-120	e Con	ens	u.	-	TTENDING PHYSICIAN	DIRECTOR PHY	SICIAN [11-	20-8		
		22d. PHYSICIAN'					22e ADDRES	s 10 0	OP GA	P. D.D	1			
		PESA	an V.	CAVE			ر ح	5 10 0	rd. Ko	c req				
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		Buri		11/23			iew Mem				irrol1			
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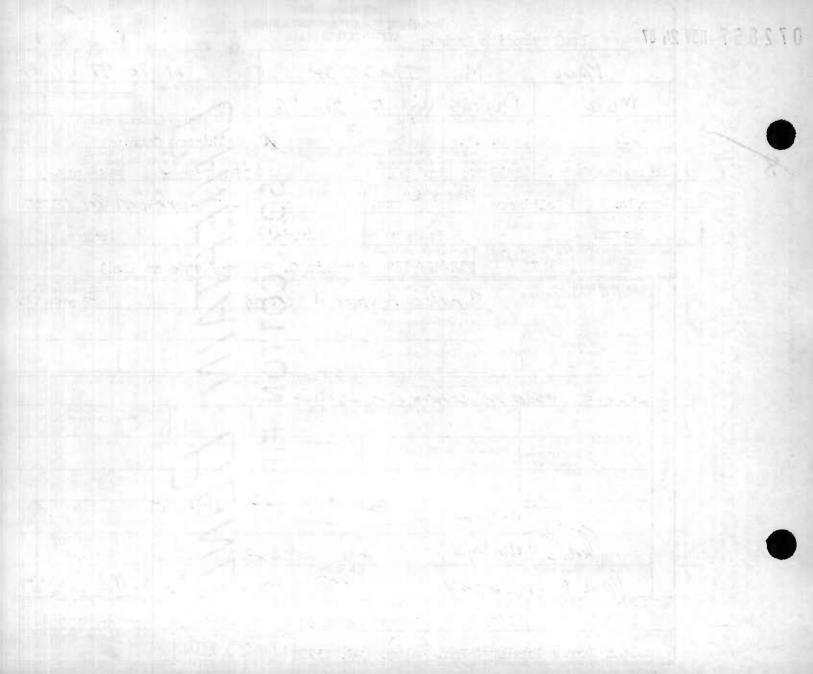
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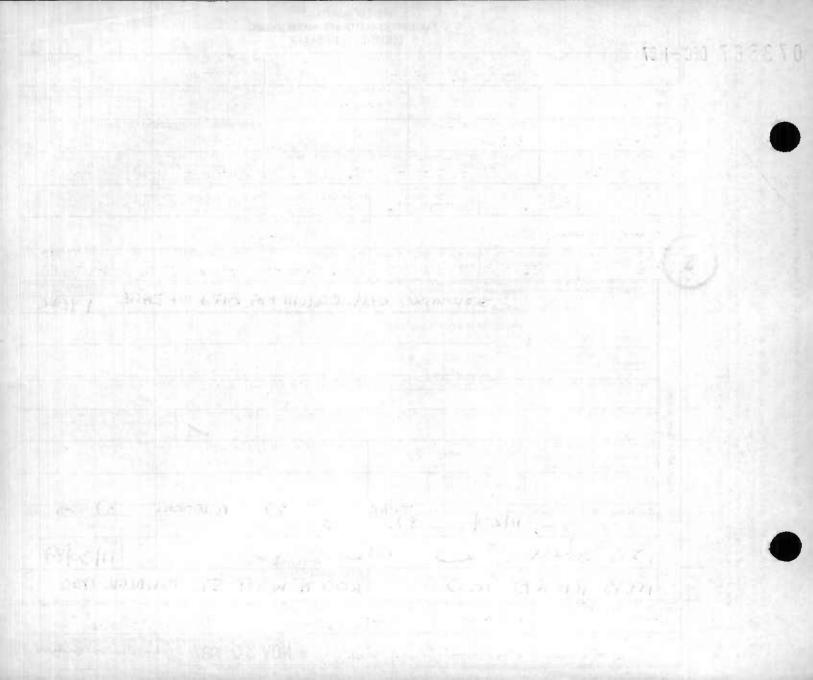
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IMPORTANT: If Item 21 is morked or Item 18 shows ony injury, or other troumotic event, the

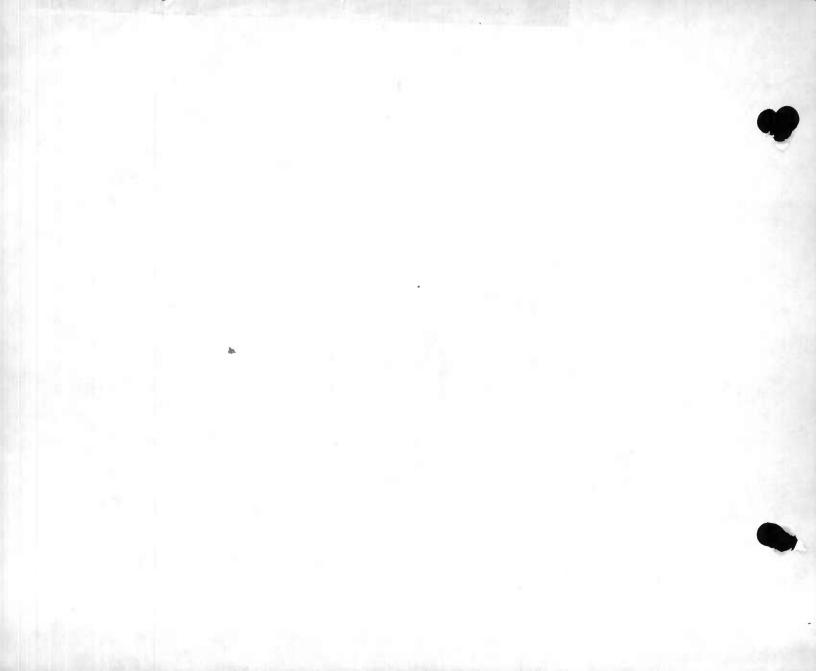


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DIVISION OF VITAL RECORDS,	nos bee	CERTIFICATION	190 DATE OF OPERAT	200 AUTOPSY? 206 IF YES, WERE FINDINGS US IN CERTIFYING CAUSES OF DEA			OF DEATH?							
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D	HMH - 16 60M 7/84	24 F	UNERAL DIRECTOR Walter Bro			1		25a DATE	REC'D. BY REGISTRAR	25h REGISTRE	B. S. SIGNAT	padalla		
	(VRA 15 4)		Walter Bro	OKS R	radlev	Tnc Ba	1+0	VON ECCIC EM	2.3 1987	0				









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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., 8A	that the death cerrificated by the attending physical	eose remove corban pape al, cremation, or removal or other traumotic event, M			Conditions, if ony, gove rise to imm cause (a), stating underlying cause	MMEDIATE which	BY: CAUSE (a) DUE TO, O	R AS A CONSE	OUENCE OF	d	ulm etri	l Concer	BETWE	PROXIMATE INTERVAL EEN ONSET AND DEATH
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OF VIT	ICIAN: 1 9 physic ertificate	ntol Hygiem 18 sh	0	-	280. ACCIDENT WAS UNDO OR CONTRIBUTING C	AUSE OF DEATH	HOUR A.	M. MONTH	DAY YEAR	21c. HOW INJURY	OCCURRE	D (ENTER NATURE OF INJURY IN	ITEM 18 PART I OR PART	2)
IVISION	offending ter this o	s the bur h ond Me rked or It	1	MEDICAL	21d INJURY OCCURR WHILE NOT WHI AT WORK AT WOR			OF INJURY REET FACTORY OFFI	CE FARM ETC)	211. LOCATION STREET		CITY OR TOWN	COUNTY	STATE
۵	A A	leoltl s mo			220 1 certify that (1)	this haspito	l) attended th	e deceased Iro	m	, 19		, to	. 19	, that (1) (we) lost
	R ATTER hospito	of h			saw the decease obove, (I) (we) (d	d alive ond) (did nat)	view the bady	after death.	9, ar	d that in (my) (aur)	opinion de	eoth accurred on the date	and hour and from	the causes stated
	AL OR A	detached ate Dept IT: If Item			226. SIGNATURE	und	P.	Then	ruh	DEGREE ATTEN PHYS	DING ICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN		ATE SIGNED
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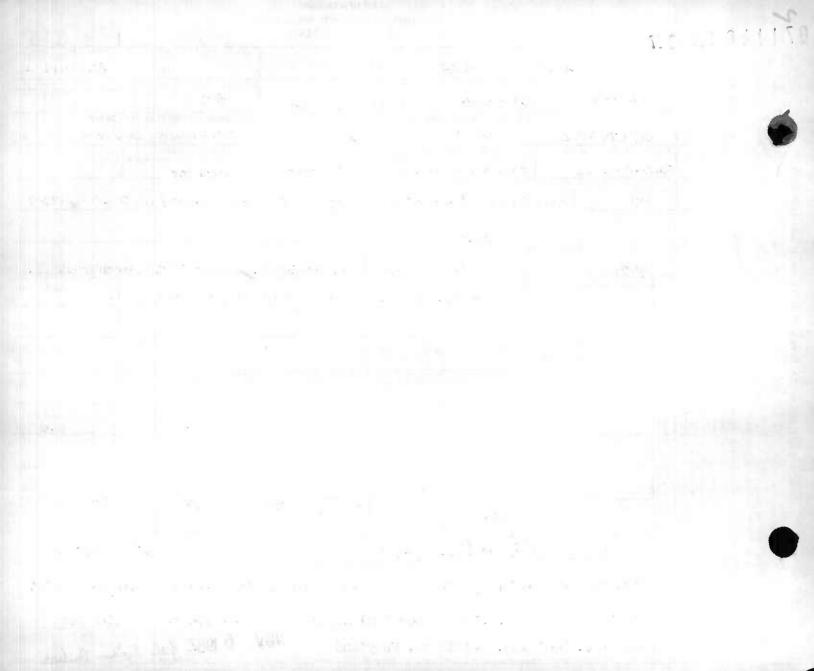
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR BECEASED NAME LAST LTYPE OR PRINTS WILLIAM **JOHNSON** CHARLES 4 RACE 5. DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR YEAR 2/21/45 Male Caucasian 45 BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE I STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED XX NEVER MARRIED COUNTY Maryland U.S.A. BALTIMORE 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) G.B.M.C. (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Fire Fighter Baltimore City TOWSON USUAL RESIDENCE HE NURSING HOME OR OTHER INSTITUTION, GIVE 130 STATE 136 COUNTY 13a CITY OR TOWN Randallstown 13eSTREET ADDRESS / ZIP CODE 10008 Marriottsville Rd. 13d. INSIDE CITY LIMITS? Maryland Baltimore NO X 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE FIRST George Johnson Sarah Elizabeth Pitzinger Earl ADDRESS 10008 Marriottsville 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (IF YES, GIVE WAR OR DATES) Randallstown, MD 21133 212-40-4828 No Mrs. Mary Johnson APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY SHOCK IMMEDIATE CAUSE (0). DUE TO, OR AS A CONSEQUENCE OF HEMORRHAGE Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse BRAIN TUMOR PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIVISION OF VITAL RECORDS, CERTIFICATION 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO 210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH lental MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) PM 19 211 LOCATION 214 INJURY OCCURRED 21e PLACE OF INJURY ò CITY OR TOWN COUNTY (AT HOME STREET FACTORY OFFICE FARM ETC.) NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from sow the deceased alive on, and that in (my) (our) apinion death accurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death 27h SIGNATUR DEGREE 22c DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 224 PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS ld b shoul with 1 aavoni N.CHARLES STREET, BALTO, MD 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 73b. DATE 23d LOCATION (SPECIFY) 12/3/87 Marylan Buria1 Lake View Memorial Park Sykesville Carroll NAME Loring Byers Funeral Dimectors, Inc. 21133 DHMH - 16 60M 7/B4 8728 Liberty Road Randallstown, MD. (VRA 15, 4)

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REGISTRAR REG. NO. 1. DECEASED NAME FIRST ESTHER 0. JOHNSON. LIVPE OR PRINTS Esphan JUMASIN 4. RACE 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS 3. SEX 5 DATE OF BIRTH Wite emale YEAR 00 1160 To. BIRTHPLACE ISTATE OR FORFIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTROWA WIDOWED DIVORCED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION KIND OF BUSINESS OF ITYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY OSP i Homemaker 13a. STATE 13e STREET ADDRESS / ZIP CODE 113d, INSIDE CITY LIMITS? LUASON 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Frederick nltrogge Amna Luersen ADDRESS 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT I IF YES GIVE WAR OR DATEST Jacqueline Same as 13e (YES, NOOR UNKNOWN) 377-40-4040 Porter APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and ic PART I. DEATH WAS CAUSED BY AKDIOPULMONARY AMKEST IMMEDIATE CAUSE 10 DUE TO, OR AS A CONSEQUENCE OF CLIPK CINKOS FS Conditions, if ony, which gove rise to immediate couse (o), stofing the DUE TO OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? 20h JE YES, WERE FINDINGS LISED IN CERTIFYING CAUSES OF DEATH? NO YES | 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 211 LOCATION ö 21d INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME STREET FACTORY, OFFICE FARM, ETC.) WHILE D NOT WHILE 220.1 certify that (IV (this haspital) pttended the deceased from and that in (my (our) point death occurred on the date and hour and from the causes stated sow the decear ý, did not; view the body after death 226 SIGNATUR DEGREE ATTENDING MEDICAL FUNERAL I DIRECTOR T PHYSICIAN PHYSICIAN MPORTANT: 22d PHYSICIAN'S NAME 22e ADDRESS HUSKOTAL Shoul with 236 BURIAL, CREMATON, REMOVAL 736 NAME OF CEMETERY OR CREMATORY Westview Cemetery Barbton 11/19/87 Balto. siMd. (SPECTemation 24 FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR 356 REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 Ruck Towson Funeral Home, Inc. 1050 York Rd. rule Davidson-101 (VRA 15, 4)

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FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 -	REGISTRAR				CERTIF	ICATE OF DEATH		REG. NO	o. 🥡	1 3	0 9
6	308	ASED NAME	Lloyd	Ri	udolph	J	ohnson	2a. DA	TE OF DEATH	ov.	18 1987	26 HOUR
	3. SEX	Male		4. RACE White	440.011	S DATE O	OF BIRTH		79	HDAY)	IF UNDER LYEAR	IF UNDER 24 HRS HOURS MIN.
	N	RTHPLACE (STAT OUNTRY) laryland			WHAT COUNTRY?	WIDOWE		B	timore city <u>o</u> altimore	Cour	nty	MD.
)	Co	ty or town of ckeysvil	le	26 Ce	dar Knoll	Roa	or other institution	(TYPE C	F WORK FOR MOST OF Crchasing	WORKING L	r. IZE KIND O	rucking
1	13a. S W i	TATE aryland THER'S NAME FIRST	Balt	more	GIVE RESIDENCE BEFORE 13t. CITY OR TOW Cockeys LAST	ville_	13d. INSIDE CITY LIMITS? YES NOTHER'S MAIDEN N FIRST	NAME	REET ADDRESS / 6 Cedar MIDDLE		I Rd.	
2		William AS DECEASED E ES, NO OR UNKNOWN Yes	VER IN U.S. AR	MED FORCES? (E WAR OR DATES) W	Jor 166. SOCIAL SECU 213-10-		Margare 17 INFORMANT Margaret I		ADDRE		dar Kno	
	TION	Conditions, if gave rise to cause (o), s underlying c	ony, which immediate toting the ouse lost	DUE TO, O DUE TO, O DUE TO, O CONDITIONS C	OR AS A CONSEQUE OR AS A CONSEQUE ONTRIBUTING TO E	NCE OF	NOT RELATED TO THE TEN			400	1.03	
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	230 8	SURIAL, CREMATI	ON, REMOVAL	236 DATE 11/19			een Cemeter	у	LOCATION CITY OF TOWN FINKSbut D. BY REGISTRAN			Md.

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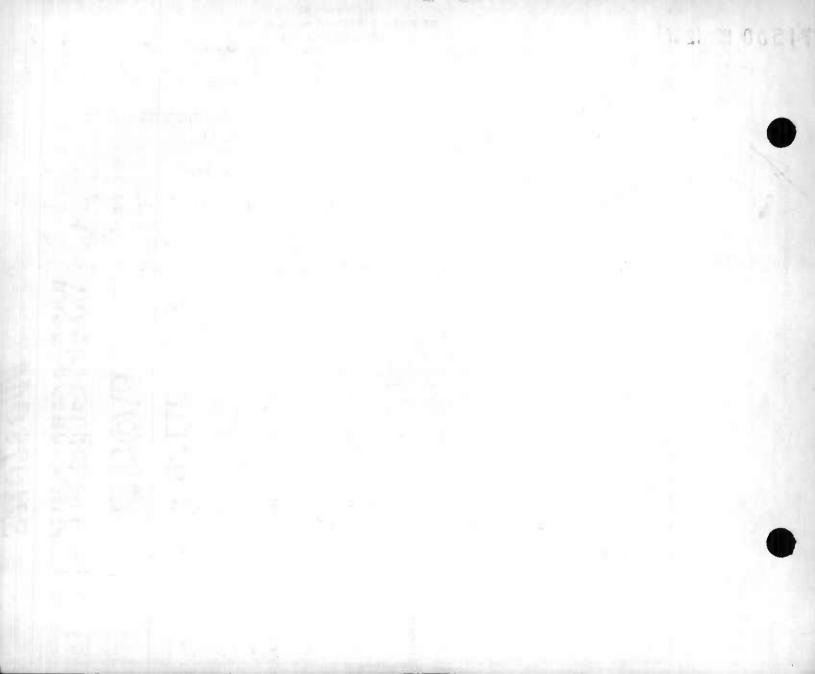
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e e	e t	TYPE	OR PRINT) MILDE	SPO L.	JOHNSON	il	7 87 MATT A
моу	e de de	3. SE		4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
4	ofte.	J. JL	Female	BLACK	MONTH DAY YEAR	74	MONTHS DAYS HOURS MIN.
Poge	direc	7a B	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY		BALTIMORE CITY OR COU	RS INTY OF DEATH -
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1	13/15		TY OR TOWN OF DEATH BALTIMORE	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE PALTO, CO. GOT		120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK) HETITED	NG LIFE) 126 KIND OF BUSINESS OR
AD THE		USU	AL RESIDENCE (IF NURSING HOME OF	FOTHER INSTITUTION, GIVE RESIDENCE BEFO	PRE ADMISSION)		.,,,,
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A P	18080		Jaseph	Lee	Mary	THE STEE	Clayton
ORE,	11 10	16a: V	VAS DECEASED EVER IN U.S. AR VES. NO. OF UNKNOWN) (IF YES, GI	RMED FORCES? 16b. SOCIAL SEC	URITY NO. 17 INFORMANT	Johnson 1622	Al Waswick Am
£ 8/	THE STATE OF THE S	-		A17 70	01111	Johnson 1622	W. WIN WICK HOE
A A	100		PART I. DEATH WAS CAUSE	1 04 4 0		ode	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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OTS from	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		Conditions, if any, which	DUE TO, OR AS A CONSEQ	41	DISPASE	
W 7	and the a		gove rise to immediate cause (a), stating the			V () () ()	
₹ 5	d by theose not, or other		underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF TO CALL		insulin depende	ent
, 20	0 D -		PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE T	ERMINAL DISEASE OR CONDITION	GIVEN IN PART 1(0)
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SION OF VI	o A bo	MEDIC	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	211 LOCATION	CITY OR TOWN	COUNTY STATE
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Q 200			22a.l certify that 🏟 (this hasp	ital) attended the deceased from	11/2 19	87	
T EP	TOR for u of He		saw the deceased plive or	n 19.	ond that in (our) opin	nion death accurred on the date and	hour and from the causes stated
A S	S T D T E		17h SIGNATURE	of view the body differ death	DEGREE		22c. DATE SIGNED
0 3	The Dotter of th		15 alu-V	ulshe	MO ATTENDIN		11/7/87
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HOSPIT	TO FUNERAL DIR should be detach with the State Del		BLAKE 1	KUTSLHE	5401 000	^	ANDSTOWN MO 21733
2	5 5 5 3 5	23a 6	BURIAL, CREMATION, REMOVAL	23b. DATE 23	NAME OF CEMETERY OR CREMATO	DRY 23d LOCATION	
В	3P		BURIAL	11/11/87 A	RBUTUS MEMORIAL P	ARK ARBUTUS.	COUNTY STATE
	H - 16 50M 1/B1	24 FI	JNERAL DIRECTOR		25a	DATE REC'D. BY REGISTRAR 256. RE	GISTRAR'S SIGNATURE
	(VRA 15, 4)	M	M. °C. MARCH F/H	I, INC. 1101 E.	NORTH AVENUE	NOV 1 0 1987	Timbon Pandale
		Name of Street					



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	ATTEND Spital o SCTOR: , of for use f. of Heo m 21 is m		sow the deceos	ed alive or	_Novemb	offer death.	87	nd that in (m	y) (our) opinion	deoth accurre	d on the do	te and have d	and fram the	couses stated
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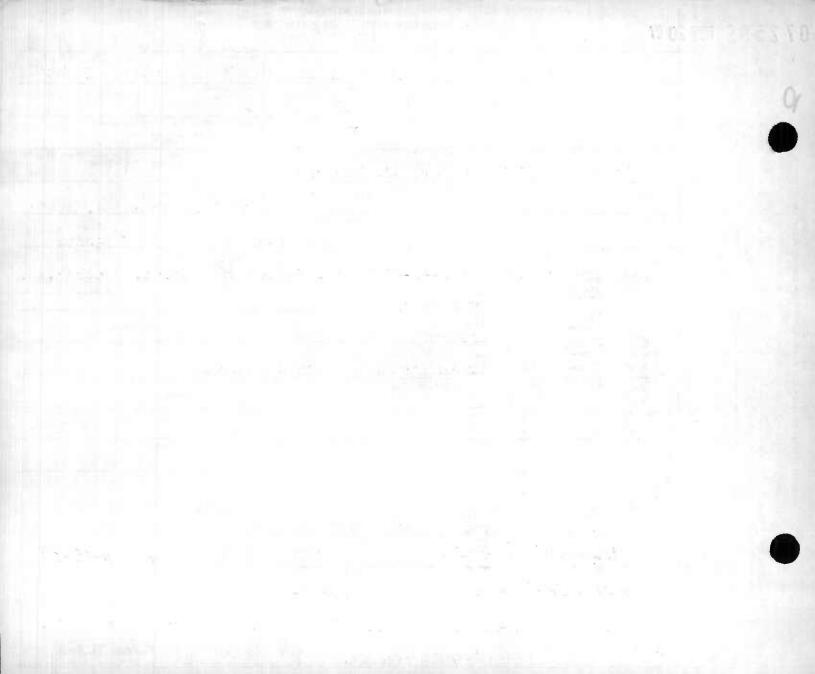
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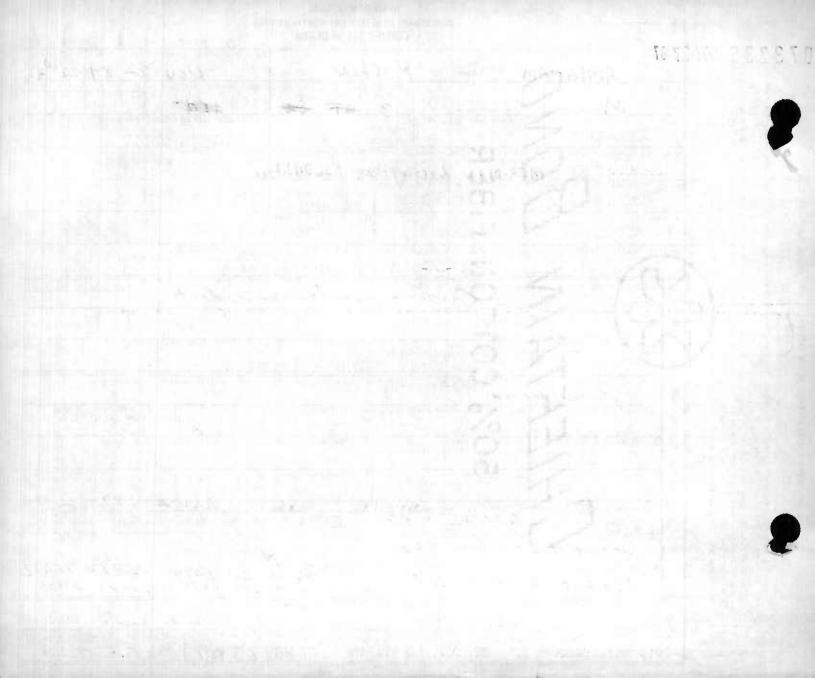
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72	5991	10V 2	0 8	STATE REGISTRAR		DEPARTA		EALTH AND MENTAL H	13 1	NO.	1 3	1-5
			1. DEC	EASED NAME FIRST		MIDDLE	ŧ	AST	20 DATE OF DEATH		DAY YEAR 2	b. HOUR
	poge 3		(TYPE	OR PRINT) Phil	ip	Bern	ard	Jordan		11	15 87	10:45A
0	po po fer d		3. SE		4 RACE		5. DATE C		6 AGE (IN YEARS LAS	[BIRTHDAY]	IF UNDER 1 YEAR	IF UNDER 24 HRS
10	ge 4 ector			male	whit	е	MONTH 8	22 29	58	YRS	MONTHS DATS	MIN.
-	91	8/		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8 MARRIEI	NEVER MARRIED	9 BALTIMORE CIT	_		
		5	1	laryland		SA	WIDOWE	D DIVORCED [□ Balt	imore o		MD.
5	s office	1	10. CI	TOWSON	(IF NOT IN SL	CH FACILITY, GIVE STREET	ADDRESS)	rother institution	120 USUAL OCCUP (TYPE OF WORK FOR MO Sales IN	ST OF WORKING LIF	FE) INDUSTRY	BUSINESS OR Can Ce
212	non s	4		AL RESIDENCE (IF NURSING HOME OF TATE	OTHER INSTITUTION		ADMISSION)	13d. INSIDE CITY LIMITS				
ON O	24	5		laryland Bal		Upperco		YES NO		oresto		21155
ARYL		(/	14 FA	THER'S NAME FIRST John	MIDDLE	LAST	1.0	15 MOTHER'S MAIDEN	NAME MIDDE	-	LAST	
ñ,	9	8 1	16a V	AS DECEASED EVER IN U.S. AR	MED FORCES?	Sprank		Bernade		DRESS	Jorda	an
ow /	79	E E	17		VE WAR OR DATES)			7 Mars Dans	T		TT	14.7
ALTI	11.	ě		Ves Kor	ean			Mrs. Ber	nadelte J	ordan,	I peer	ATE INTERVAL ASET AND DEATH
8	phys npap	vent,		DADT I DEATH WAS CALISE	D BV.	respirato		ilure			BETWEEN ON	SET AND DEATH
N S	and and or re	ž.		IMMEDIA		OR AS A CONSEQUE		11416				
STO	re co	D L		Conditions, if any, which		pulmonary		osis				
8	he o emo	er tro		gove rise to immediate cause (a), stating the	3	OR AS A CONSEQUE						
*	by by ose	or other troum		underlying cause last.	(c)	renal fa	ilure	/hepatorenal	syndrome			- 11 5 - 12
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	nos beer permit.	ms on A	CERTIFICATION	190 DATE OF OPERATION	19b. CONI	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTIF	S, WERE FINDING FYING CAUSES O	
IA	sicio sicio ofe i nosit	8 shows	ERT	210. ACCIDENT WAS UNDERLYING	7 21b. TIME	OF INJURY	_	21c HOW INJURY OCC	URRED (ENTER NATURE OF			МОП
A .	X 4 E 2 -	Hem !		OR CONTRIBUTING CAUSE OF DE		A.M. MONTH DA	AY YEAR					
NO	ding ding buri	o F	MEDICAL	216 INJURY OCCURRED	21e PLACE	E OF INJURY		21f LOCATION		RIOWN	COUNTY	STATE
IVISI	offer the sthe	21 is morked or	¥	WHILE NOT WHILE AT WORK	(AT HOME S	TREET, FACTORY, OFFICE, F		21KEE1	City	K 10444	(00/4//	STATE
٥	A Af	5 0 0 1 0	1,0	22a 1 certify that (1) (this hosp		the deceased from_	10/8	, 1987	, to 11/15		19.87 th	of (I) (we) lost
	Spitol CTOR for us	21		sow the deceased alive on above, (V (ye) (did) (did no	11/		3/ 01	nd that in (my) (our) opini	on death occurred on th	e date and hou	or and from the ca	uses stated
	TO HOSPITAL OR AT retained by the hosp TO FUNERAL DIRECT should be detached fowith the State Dept. or	H Hem		176 SIGNATURE	leh A	4.0.		DEGREE ATTENDING PHYSICIAN		STAFF YSICIAN M	11-15	
	HOSPITAL Ined by fl FUNERAL Uld be det	Z		274 PHYSICIAN'S NAME (1991)	(PPPH)		91 (22e ADDRESS		O'CHI'L QES		
	o Full	MPORTANT: #		REZAZADE	H M.	٥.		GRMC				
	5 5 5 3	S		SURIAL, CREMATION, REMOVAL	. 23b. DATE	23 c. N	NAME OF C	EMETERY OR CREMATOR	23d LOCATION	N	COUNTY	STATE
	BP	_		Burial	11-18	3-87 Du	laney	Valley M	em. Timon	ium B	Balto	Md.
C	OHMH - 16 60M (VRA 15, 4)		24 FI	lime Funeral	Home.	Hampste	ad.	Md. NOV	1 9 1987		TRAR'S SIGNATU	A.C.



637 DEC-	2 87	FOR STATE REGISTRAR		DE		EALTH AND MENTAL HYD FICATE OF DEATH	GIENE REG. N	0. 3 3	1 6
		EASED NAME	FIRST	MIDDLE		LAST		MONTH DAY YEAR	26 HOUR
poge 3	TITTE	A	1bert	a Rose	}	KAFKA	November 2	24, 1987	1:42p M
126	3. SEX		4.	RACE		OF BIRTH	& AGE (IN YEARS LAST BIR	THOAY) IF UNDER 1 YE	
		Female		White	May	*29 1909 YEAR	78	YRS.	
find of pince.	70 BIR	THPLACE (STATE OR FOR DUNTRY aryland	REIGN 76	CITIZEN OF WHAT COU USA	MARRIE WIDOW	NEVER MARRIED	Baltimore City of	DR COUNTY OF DEATH County	MD.
F /		Y OR TOWN OF DEATH	1 11	Franklin	Square H	OR OTHER INSTITUTION OSpital	126. USUAL OCCUPAT (TYPE OF WORL FOR MOST OF HOUSE)	ON 12b. KINI INDUSTI WITE	O OF BUSINESS OR RY
and pro-	USUA 13c. S		Balt	HER INSTITUTION, GIVE RESIDENCY 131. CLTY O LO. ES		134. INSIDE CITY LIMITS?		inia Ave. 2	1221
exomine	14. FA	William	MIC	Rosenti	ก็al	15. MOTHER'S MAIDEN NA Alberta	MIDDLE	==	LAST
. Pages	160. W	AS DECEASED EVER IN			L SECURITY NO. -01-3499	Joseph Kafk	a 429 Virgi		221
gned by the attendi en please remave car burial, crematian, a tury, ar ather fraumat	7	Conditions, if ony, or gove rise to imme couse (o), storing underlying couse	diate the lost.	DUE TO, OR AS A CON (b) DUE TO, OR AS A CON (c) NOTITIONS CONTRIBUTIN	SEQUENCE OF	NOT RELATED TO THE TERM	MINAL DISEASE OR CON	IDITION GIVEN IN PART	Ίσ
permit. The prior to we pay inju	CERTIFICATION	190 DATE OF OPERATION	N	196 CONDITION FOR V	WHICH OPERATIO	ON WAS PERFORMED	206 AUTOPSY?	20b. IF YES, WERE FIN IN CERTIFYING CAUS	DINGS USED SES OF DEATH?
Annual-transit pe Mental Hygiene or Item 18 shaws		216. ACCIDENT WAS UNDER OR CONTRIBUTING CAL (IF EITHER NOTIFY MEDICAL	USE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONT P.M.	H DAY YEAR	21c HOW INJURY OCCUR			
h and Merked or I	MEDICAL	21d. INJURY OCCURRE		21e. PLACE OF INJURY (AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	OWN COUNTY	STATE
for use of Healt				ottended the deceased		nd that in (my) (our) opinion	death accurred on the d	late and hour and from	, tho (ii)(we) lost the couses stated
ERAL DIRECTOR de detached State Dept.		Sayam Sayam	. 8	Elm	1		MEDICAL STA		2 7/1/
TO FUNERAL should be detivited by with the State IMPORTANT:		Bayani Eli	na, M	.D.	1777	22e ADDRESS 3023 Easterr		0., 21224	,
- 0 > 2	23o B	urial, cremation, re Burial	MOVAL	236 DATE 11/28/87		cemetery or crematory wn Cemetery	23d LOCATION CITY OF TOWN	Baltimore	
- 16 50M 1/B1 /RA 15, 4)	24 FU	NERAL DIRECTOR	neral	Home 300 Ma	ce Ave.		TE REC'D. BY REGISTRAR	256. REGISTRAR'S SIGN	NATURE LANGE

Age of the property of the second of the sec



7323	3 5 MC	IV 2	7 8	FOR STATE REGISTRAR EASED NAME FIRST	DEPARTA	CERTII	E OF MARYLAND HEALTH AND MENTAL HY FICATE OF DEATH	REG. NO	O. 4 A	DAY YEAR	1 3
e o	e		(TYPE	SADIE		KAT	7	NOVEMBER	22	1987	3:55A.
you	poge .		3. SEX		4. RACE		OF BIRTH	6. AGE (IN YEARS LAST BIR		IF UNDER I YEAR	IF UNDER 24 HRS
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Pog	dire hour	2		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	1.		9 BALTIMORE CITY O	R COUNT	Y OF DEATH	
eoth.	n 72	1/		RUSSIA	U.S.A.	WIDOW	ED NEVER MARRIED L	TO A T POWER CO. TO TO	COUNT	ſΥ	1M
affer of	and with	20		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN (# NOT IN SUCH FACILITY, GIVE STREET MERIDIAN NURSI	ADDRESS)	OR OTHER INSTITUTION	120. USUAL OCCUPATI 1 TYPE OF WORK FOR MOST O HOUSEWIFE			OF BUSINESS OR
AND 212	filled in the bould be to	35	13a. S	AL RESIDENCE (IF NORSING HOME O TATE 13b. COU MARYLAND	IR OTHER INSTITUTION, GIVE RESIDENCE BEFORE	ADMISSION)	13d. INSIDE CITY LIMITS? YES XX NO	134 STREET ADDRESS 2500 W. BE	LVEDE	(21215)	
MARYLL red within	Production of the state of the	DC	14. FA	THER'S NAME FIRST LAIB	FRENDER		15. MOTHER'S MAIDEN N BOSSE	AME	K.	SOCO	LOW
DRE	po po			AS DECEASED EVER IN U.S. AI	IVE WAR OR DATEST		17. INFORMANT	ADDRE		RANDALL	
A se	Po P			NO	080-16-7	796	EVELYN POL	LACK 9708 AM	ES CT		
¥ /8	opper ovel.			18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	inly one couse per line for (a), (b), and ED BY:	d (c).)	45			BETWEEN	MATE INTERVAL ONSET AND DEATH
5//	DONE !				TE CAUSE (a)		TIP.			3	400
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NEC NEC	200 00 00)	FICA	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATIO	ON WAS PERFORMED	284 AUTOPSYT	IN CERT	S, WERE FINDIN	OF DEATH?
TAI The	at the	9	ERTI	710. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		171r HOW INJURY OCCU	RRED (ENTER NATURE OF INJUR	-	ES DEBART 2)	но 🗌
S AN U	0 5 4 8 0 5 4 8 0 5 4 8	4		OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH DA			TENTER NATIONE OF MISON		TANT TON TANT 2)	
DIVISION OF VIT	ter this ce is the burio hand Men	/	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	P.M. 21e PLACE OF INJURY LAT HOME, STREET, FACTORY, OFFICE, E	ARM, ETC)	211. LOCATION STREET	CITY OR TO	wN	COUNTY	STATE
ATTENDIA	CTOR. Af			sow the deceosed alive or above, (I) (we) (elid) (did no	n 195 at) view the pady after death.	7,0	nd that in (my) (σον) apinio	n death occurred an the do	-	,	that (I) (we) las couses stated
TAI OR by the he	RAL DIRE detached tote Dept			226. SIGNATURE HOUSE	in batal 1	M	DEGREE ATTENDING PHYSICIAN	MEDICAL STAI	F IAN []	224. DATE	SIGNED 5.87
O HOSPI	hould be d	1		22d. PHYSICIAN'S NAME (TYPE	in BAICHL		220 ADDRESS 4600 DR	& Court	Rd	2/20	t
BF				URIAL CREMATION, REMOVAL SPECIF BURIAL			CEMETERY OR CREMATORY SAAC ADATH IS	RAFL BÄLTIMO		COUNTY	MD
	-16 50M 1/8 /RA 15, 4)	1	24 FU	INERAL DIRECTOR SOL L	EVINSON & BROS	INC.	25e. D	10V 25 1987	25b. REGIS	TRAPS'S IGNA	(URE)

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pe 4 mo ector, po	rs other a	3.5E	Female	4	RACE Whit	е	S. DATE O	mber 21, 1987	6. AGE (IN YEARS	LAST BIRTHDAY]	MONTHS DAYS	IF UNDER 24 HRS
	27 June 7		Germany		USA	WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED DIVORCED		ore Cou		MD.
72 1	00		TY OR TOWN OF DEAT Baltimore		606	Regester	Ave.	DR OTHER INSTITUTION	17a. USUAL OCC (TYPE OF WORK FOI Homema	CUPATION RMOST OF WORKING AKET	126. KIND C INDUSTRY	OF BUSINESS OR
AND 212	133	M		36 COUNT Balt	imore	130. CITY OR JOW Baltime	e admission) /N ore	13d. INSIDE CITY LIMITS? YES NO	13e STREET ADO	ster Ave RESS / ZIP CO egister	Ave. 2]	1212
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TIMORE,	- Poges	16a. V	VAS DECEASED EVER IN		ED FORCES? WAR OR DATES)	213-74-9		17 INFORMANT Henry H. Kays	ser, Jr.	ADDRESS 613 Re Baltin	egester A	Ave. 21212
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND ING PHYSICIAN. The low requires that the death certificate be executed within 24 otherwising physician.	hen please remarker, no burral, cremarkar, nury, ar ather traumo	NC	Canditians, if any, gave rise to imme cause (a), stating underlying cause	the last.	(c)	R AS A CONSEQUER AS A CONSEQUERA A CONSEQUER AS A CONSEQUER AS A CONSEQUER AS A CONSEQUER AS A C	ENCE OF	NOT RELATED TO THE TERM	NNAL DISEASE O	R CONDITION C	SIVEN IN PART 11	a
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OF VIT CLAN 7 9 physic prificots	antel Hyg	1.5	210. ACCIDENT WAS UNDE OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDICA	USE OF DEATH	HOUR A.	M. MONTH D	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE	OF INJURY IN ITEM!	8 PART I OR PART 2)	
IVISION OF PHYS or this o	s the but cond Me	MEDICAL	21d. INJURY OCCURRE	D	21e PLACE		FARM, ETC 1	21f. LOCATION STREET	CI	TY OR TOWN	COUNTY	STATE
TTENDIN parted or CTOR, Alt	fer uten of Health		220.1 certify that (1) saw the deceased above (1) (we) (di	this haspita			87.0	nd that in (m)) (aur) apınian		the date and h		that (1) (we) last
AL DIRECTOR	detacked ote Dept		23k SIGNATURE	w	lon	Mu			DIRECTOR [STAFF PHYSICIAN [22c. DATE	SIGNED 987
D HOSPIT fund by G FUNER	A PORTAN		Bari	1 11	sephs,	M.D.		411 Osler B	ldg. 760	00 Osler	Dr. Tow	vsom, Md.
BP	-1 5		Burial, CREMATION, R Burial	EMMVAL	236 DATE Nov. 2	-	lanev	emetery or Crematory Valley Memor	ial Time	Shium, B	Balto: Co	o, Md ^{TATE}
	6 60M 7/84	Mi Mi	UNERAL DIRECTOR tchell-Wied	lefelo	l Home,	Inc. Ba	6500 lto.,	York Rd 1250. DAI	IOV 24	STRAR 256, REG	ISTRAR'S SIGNAT	TURE Rondres

1+	1			STATE OF MARYLAND		
7	1	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	79 7	11320
70944 NOV	V 16	ESPASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH M	ONTH DAY YEAR 26. HOUR
poge 3		far	nond 13.	Xe/14	1	DAY) IF UNDER 1 YEAR IF UNDER 24 HRS
the H	3. 5	7015	4 RACE	5. DATE OF BIRTH DAY YEAR YEAR	6. AGE LIN YEARS LAST BIRTHE	MONTHS DAYS HOURS MIN.
Page Page	7a.	BIRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY?		9. BALTIMORE CITY OR	
I K S	10	JARYLAND	U.S.A.	WIDOWED DIVORCED	JAHIMO	Re COUNTY MO.
1 1	A10	OH 3 S A A	(IF NOT IN SUCH FACILITY, GIVE STREET	NG HOME OR OTHER INSTITUTION	TYPE OF WORK FOR MOST OF	WORKING LIFE) INDUSTRY
of the same	05	0000	OR OTHER INSTITUTION GIVE RESIDENCE BEFOR	RE ADMISSION) VN 13d INSIDE CITY LIMITS?	130 STREET ADDRESS /	2.001
7 000	26	PARYLAND BAY	JIMURE TOWSON	YES NO	11518 ABS	
1 150	3	FATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN N	MIDDLE	MURRAY
Par Se de	140	WAS DECEASED EVER IN U.S.		URITY NO. 17 INFORMANT	ADDRES	S
a do p	L	(YES NO OR UNKNOWN) (IF YES, I	GIVE WAR OR DATES!	OHIT FAMILY	RECORDS	
the requires that the death been signed by the attendent Their places remove a guide to burial, cremation.	CERTIFICATION	Canditians, if ony, which gave rise to immediate cause (a), stating the underlying couse lost PART 2 OTHER SIGNIFICAN 19a DATE OF OPERATION			200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
To see to the	- ET	71g. ACCIDENT WAS UNDERLYING	21h TIME OF INJURY	21. HOW IN HIP OCCI	YES NO	YES NO
CIAN Physics of the control of the c	1 7	OR CONTRIBUTING CAUSE OF	DEATH HOUR A.M. MONTH D	YEAR	JRRED (ENTER NATURE OF INJURY	IN TEM IS PART I OKPART 2
The burn of the burn or the burn or the burn we ed or the burn or	MEDIC	214. INJURY OCCURRED	THE PLACE OF INJURY	211 LOCATION	CITY OR TOWN	N COUNTY STATE
ATTEND HE spital or a CTOR, Atta of Health n 21 is mark		27s I certify that (I) this ho	spital attended the decored from an not view the body after teath	30, 19 8	on death accurren on the idate	e and hour and from the couses stated
OR he ho he he Dept		77h SIGNATURE		DEGREE	MEDICAL STAFF	221. DATE SIGNED
HOSPITAL Indeed by the FUNERAL Individed be detected by the Store Individual be detected.	7	226 PHYSICIAN'S NAM	COM PRINT)	22. ADDRESS	□ DIRECTOR © PHYSICIA	MD 11100.2121
TO HOSPITAL TO FUNERAL should be del with the Store IMPORTANT:	4	Eddie N	Nakhuda, M.D.		ley Rd Tow	vson, MD 21204
-	230	BURIAL, CREMATION, REMOV		NAME OF CEMETERY OR CREMATORY	CITY OR TOWN	COUNTY MOON STATE
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PLEASE ECTOR. FILES. HOURS	3. SEX	Margare 14 RACE	5. DATE OF BIRTH	ary	Kelly		DEATH MA	TED [10/ 2	2/ 1987 A
ARY, P L DIREC YOUR N 72 HO TON ST	Female	White	MONTH DAY	58 29 YEAR	MONTHS DAYS		MIN. PRONOUNCED DEAD	10/ 2	2/ 1987 1987 a A
S NECESSARY, PLEASE FUNERAL DIRECTOR. E S FOR YOUR FILES. DOWNTHIN 72 HOURS	Marylar 10. CITY OR TOW	nd	U.S.A.		MARRIED I	DIVORCE	□ Baltí	more County	Y ME
> E 0 = 8 /	Towso	n	Greater	PITAL, NURSING HOME LITY, GIVE STREET ADDRESS) BAITLINORE E RESIDENCE BEFORE ADMISSI	Medical C	enter	12a USUAL OCCUPATION FOR MOST OF WORKING NUTSE	LIFE)	OR INDUSTRY Hospital
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⊃∞>⊢□	PARTII Condit gave	ons, if ony, which	BY: E CAUSE (o) DUE TO, OR (b)	Cardiac a	OF .				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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DIVISION TO MEDICAL EXAMINER: THIS CERTIFIC EXECUTE THE CERTIFICATE, WRITING TH PAGE A SHOULD BE FORWARDED TO TO FUNERAL DIRECTOR: PAGE 3 SHOU AFTER DEATH, WITH THE STATE DEPART BALLIMORE, MARYLAND, 21201 PRIOR	22a. I cea death resu	tify that I to a charge Ited from	of the remains desc at colores (2)			Inspection micide	Undetermined manner	ond in my apinio	n
DICAL EX FIF THE CE 4 SHOUW WERAL DI DEATH, V	ACTUAL SIGNATUR		I had	on		(SPECIFY) sistant	MEDICAL EXAMINE	DATE SIGNED_	10/3/87
TO ME EXECU- PAGE AFTER BALTIN	23a BURIAL, CREM	ATION, REMOVAL 23	B DATE	kes, M.D.		TORY	enn St., Ba	lto., Md.	
07/84 BP U 2 25M DHMH - 17 (VR A15 ME (5))	Entombm 24 FUNERAL DIRI Ruck Tow		10/6/87 1 Home, 1	Moreland nc. 1050	21204 York Rd	250. DATE RE	0 6 1987		IATURE

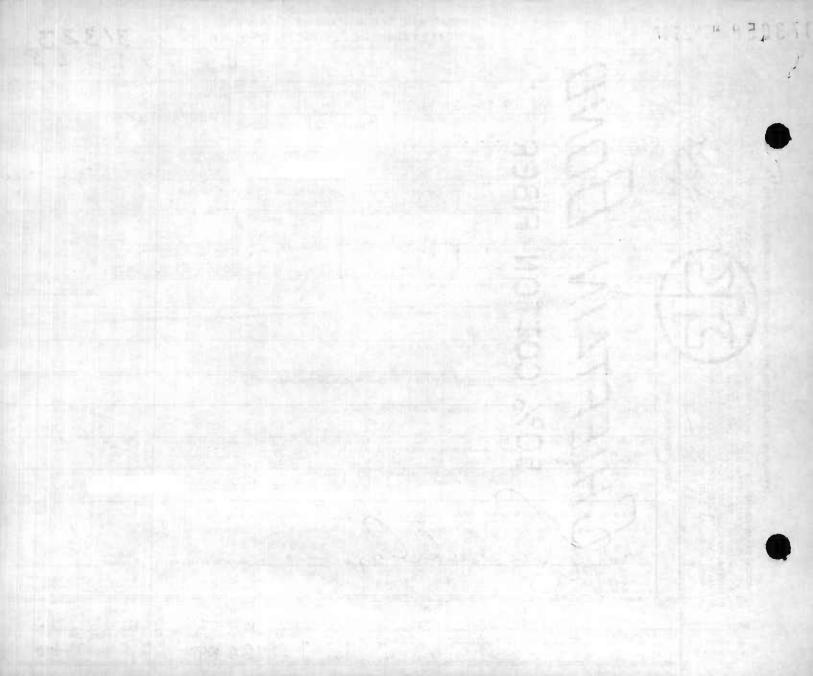
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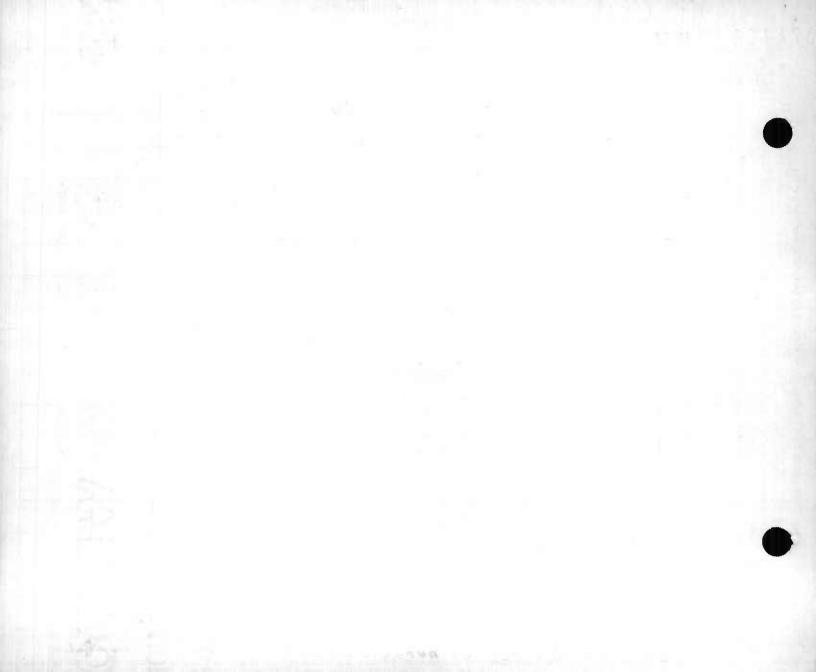
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4 may be tar, page 3 after death		TYPE		BERT	MIDDLE	KES	SLER	2a. DATE OF DEATH MONTH	2 87 0845	- M
oge 4 mo	n	3. SE	m ALE	1	ITE			6. AGE (IN YEARS LAST BIRTHDAY) 62 YRS.	IF UNDER 1 YEAR IF UNDER 24 H	IRS
deoth. P.	36	MA	RTHPLACE (STATE OR FOREIG RYLAND	USA	WHAT COUNTRY	WIDOWE		BALTIMORE CC	UNTY	MD
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AND 21)36	13e S	ARYLAND	OME OR OTHER INSTITUTION	13c. CITY OR TO BALIX	WN	13d INSIDE CITY LIMITS? YES 💢 NO 🗌	13. STREET ADDRESS 6001 PARK HTS.	AVE. 21215	
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TIMORE, be execu	medico	()		S. ARMED FORCES? LES, GIVE WAR OR DATES) WII—NAVY	212-20-		17. INFORMANT N 8914 CHURCH	ARS.MIRIAM ^D WYŁLEN I LA. RANDALLSTO	WN, MD 21133	
v ST., BAL certificate ing physicie	event, th		18 CAUSE OF DEATH (En PART I. DEATH WAS C	ter only one couse pe AUSED BY: EDIATE CAUSE (o)	er line for (a), (b), o	Liny	spiralon	· failure	APPROXIMATE INTERVAL BETWEEN ONSET AND DEA	ТН
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SION OF VITA PHYSICIAN: Thending physicic this certificate he buriol-fronsit	or Item 18 shows		210, ACCIDENT WAS UNDERLYING CAUSE (IF EITHER NOTIFY MEDICAL EX.	OF DEATH HOUR A	OF INJURY A.M. MONTH P.M.	DAY YEAR		RRED (ENTER NATURE OF INJURY IN ITEM 18		
NG PHYS offer this of the bu	oith and M marked or	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	LAT HOME S	OF INJURY TREET, FACTORY, OFFICE	FARM, ETC)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE	E
DIVI ATTENDING sspitol or oth CTOR: After d for use as th	of Heal		22a I certify that (I) (this sow the deceased ali above, (I) (we) (did) (c	ve on	19		nd that in (my) (our) apinio	, to	, 19, that (1) (we) our and from the causes stated	
by the horse RAL DIRE	Stote Dept	ñ	276. SIGNAPURE	200		ed.	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	11/12/8	7
TO HOSPITAL etoined by the TO FUNERAL should be detailed.	with the Stote D		HAFFE	A	BYE!)	BALT. CA	UNTY BENT	40SP	
BP			URIAL, CREMATION, REMO SPECIFYIBURIAL				FRIENDSHIP	CITY OR BALTIMOR		ND
DHMH - 16 50/ (VRA 15,		100	INERAL DIRECTOR SO NAME SO OLO REISTERS	L LEVINSON				OV 18 1987	Devider Randary	

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 73058 NOV 25187 STATE REGISTRAR DECEASED NAME KNOWN K (TYPE OR PRINT) OF ESTI-C. Kilgore Dale 4 RACE SEX 5. DATE OF BIRTH IF UNDER 24 HRS DATE PRONOUNCED 07-18-48 39 DEAD Male White TE CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED FOREIGN COUNTRY) Baltimore County Maryland U.S.A. DIVORCED CITY OR TOWN OF DEATH I NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12g USUAL OCCUPATION STYPE OF WORK 112b KIND OF BUSINESS Reisterstown Road and Cockeysmill General Manager Reisterstown OME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 3 STATE 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Finksburg Maryland Carrol1 2130 Bethel Road 21048 A FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Randal1 Kilgore Coffiel Beulah 7. INFORMANT Mrs. Carol Kflybre 166. SOCIAL SECURITY NO 21048 220-50-2586 2130 Bethel Road Finksgburg, MD. APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) Multiple Injuries IMMEDIATE CAUSE (o)_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION 190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? TO BURIAL, YES X NO 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) Driver of auto collided with pole UNDERLYING CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION Reisterstown Road and Cockeysmill Rd., WHILE AT WORK Baltimore County, MD TO MEDICAL EXAMINER: 17
EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW
TO FUNERAL DIRECTOR: PATTER DEATH, WHIR! THE SIX
BALTIMORE, MARYDAND, 2 22a I certify that I took c Undetermined monner Chief (SPECIFY) DATE 11-22-87 ACTUAL SIGNATURE MEDICAL EXAMINER 111 Penn Street, Baltimore, MD 21201 John E. Smialek, M.D. 23e.BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION 236, NAME OF CEMETERY OR CREMATORY STATE Springfield Cemetery Burial Carroll MD. Sykesville 07/B4 25M 74 FUNERAL DIRECTO Loring Byers Euneral Directors, Inc. 250 DATE REC'D. BY REGISTRAR'S SIGNATURE **DHMH - 17** Aulia Davidson-Randalla (VR A15 ME (5)) 8728 Liberty Road Randallstown, MD. 21133





ARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH REG. NO DECEASED NAME KNOWN (TYPE OR PRINT) ESTI-20 DEATH MATED 4 RACE AGE (IN YEARS DATE LAST BIRTHDAY) PRONOUNCED 55 Male White Sept. 19 32 DEAD To BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED FOREIGN COUNTRY USA Maryland Baltimore County DIVORCED TO CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS Baltimore County General Hospital Radio Technician Randallstown Radio Station USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) BALTIMORE, MD. 2120 13a. STATE Randallstown 13d. INSIDE CITY LIMITS? 3801 Washington Avenue, 21207 Baltimore Maryland 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Walter Kinkel Stumpf Katherine H. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16h SOCIAL SECURITY NO ADDRESS MIL PAGES 1 Helen Kinkel, 3801 Washington Avenue 216-32-5041 Yes Korean CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. DIVISION OF VITAL RECORDS, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IO CERTIFICATION 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES [BE 71a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 010 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH TIE PLACE OF INJURY JATHOME 21f LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK EXECUTE TO PAGE 4 SHOULD BE TO FUNERAL DIRECTOR; PAGE 4 SHOULD BE TO TO FUNE STATE DATH, WITH THE STATE DATH AND, 7 22a. I certify that I took charge of the remains described above, held on Inquiry ond in my opinion death resulted from: Notural causes Accident Homicide Undetermined monner TITLE (SPECIFY) MEDICAL EXAMINER EXAMINER'S NAME TYPE OR PRINT 23a BURIAL, CREMATION, REMOVAL THE DAT METERY OR CREMATORY 23d. LOCATION 11/7/87 Woodlawn Cemetery Woodlawn Maryland Baltimore Burial 07/84 25M 24 FUNERAL DIRECTOR 21229 DHMH - 17 Hubbard Funeral Home, Inc., 4107 Wilkens Ave. (VR A15 ME (5))

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17218	VOM 1 S	di	FOR TATE		HEALTH AND MENTAL HY	GIENE	
11210	14 1101		TATE REGISTRAR		FICATE OF DEATH	REG. NO.	3 3 2 5
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£ .	offer p	3. SE	X nd	RACE 5. DATE	TH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
980	director, page 3 hours ofter death		17	W JA)	V 18 1905		YRS.
ج ۔	2 ho	7a. B	RTHPLACE (STATE OR FOREIGN 7)	CITIZEN OF WHAT COUNTRY? 8. MARR	ED NEVER MARRIED	9 BALTIMORE CITY OR CO	UNTY OF DEATH
1	5 5	10.0	ITY OR TOWN OF DEATH	NAME OF HOSPITAL NURSING HOME		Y346/1/	DIE COUNTY.
12	9 3 / 9	10.0	7 A 1 42	I. NAME OF HOSPITAL, NURSING HOME (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	OKOTHEK INSTITUTION	126 USUAL OCCUPATION [TYPE OF WORK FOR MOST OF WORK	12b. KIND OF BUSINESS OR INDUSTRY
	4 F	MSU	AL DESIDENCE (IE NURSING HOME OR O	HER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION	HamF		
D 21	led in	13a.	STATE 136 COUNT	13c CITY OR TOWN	136. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP	CODE 2 1 2/229
LAN Jin 2	A 4 €	14 8	THER'S NAME	10 8401138/11E	YES NO 2	1334 Wests	MIREKA. 214-1
ARY	12			DOLE STATE OF THE	FIRST	MIODLE	12 12 LAST
E, M	1	160 \	VAS DECEASED EVER IN U.S. ARM	ED FÓRCES? THE SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS	121751
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 INC PHYSICIAN. The low requires that the death certificate be executed within 24 hours or attending physician.	0 0	100		VAR OR DATES)	LEAST ONLE	-D+V 211	IKMTCHIDE T
	4	-	I (A)	418 10 1771	INELIA NOTE	1511 344	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
8			PART I. DEATH WAS CAUSED		whe Ray was	As. Arest	Misselle C
TS N	ding or re-		IMMEDIATE		- CMC I VO 45W	DIE WIGHT	manuel
STO epth	on, on		Conditions, if any, which	DUE TO, OR AS A CONSEQUENCE OF	DO ASIE	0	treser
PR be d			gave rise to immediate cause (a), stating the) (6)	2	10 2.0	1
× tot	se of		underlying couse last	DUE TO, OR AS A CONSEQUENCE OF	archerag o	titto Islanda	61 months
201 es †			PART 2 OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TER	What disease or condition	N GIVEN IN PART 110
RDS	2 4 0 5	NO NO			L		
ECO	prior ony ii	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH OPERATE	ON WAS PERFORMED	20e AUTOPSY? 20b.	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?
ALR The lion.	shows	E				YES NOB	YES NO
VII Nysic	SOTO		71a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR	21c. HOW INJURY OCCUP	RED (ENTER NATURE OF INJURY IN IT	EM IB PART 1 OR PART 2)
PHYSICIAN: ending phys	is certifii buriol-tr Mental I or Item 1	CAL	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M. 19			
PHY endi	5 5 6 is	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
0 5 5 C	After the so the slith and norked o	1	AT WORK NOT WHILE AT WORK		1		- 00
0 0	OR: After		220.1 certify that (I) (thus haspite	11114	Jan 19 16	2 , to	2, 19 1, that (I) (we) last
A T A	1200		saw the deceased alive an above, (I) (we) (did) (did nat) 27b SIGNA U	view the body after death.		death occurred on the date on	d hour and from the causes stated
O 9	0 00 +		III. SIGNATURE) h.L	DEGREE ATTENDING	MEDICAL STAFF	22c. DATE SIGNED
ITAL by t	RAL det	-	22d, PHYSICIAN'S NAME (TYPE OF	1 such	PHYSICIAN 1720 ADDRESS	DIRECTOR PHYSICIAN	11/14/11
_ 0	should be determined by the State		WOLAN	7**	Mallow	Holles Bay	Thurson hal 21229
5 £	₹ 3 ₹	23a I	BURIAL, CREMATION, REMOVAL	23b. DATE 23c. NAME OF	CEMETERY OR CREMATORY	23d LOCATION	A
BP		P	NTOMBMENT	11/16/87 LORR	AIME PARK		BALTO MD
DHMH - 1	16 50M 4/83	24 F	UNERAL DIRECTOR	ADDRESS 53	25a. DA	N 1 7 1987	EGISTRAR'S SIGNATURE
(VRA	A 15, 4)	E	DULARD J. WEL	EKE.H. EDMOND	SON AND N	OV 17198/	47,000,000

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DHMH - 16 60M 7/84 (VRA 15, 4)

7401 Beldir Rd. 24 FUNERAL DIRECTOR BALTO, Md. 21236 lia Dividion Pandale

126. KIND OF BUSINESS OR

Self-Employed

Balto.Md. 21237

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INDUSTRY

COUNTY

22c. DATE SIGNED

STATE

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FOR

STATE OF MARYLAND

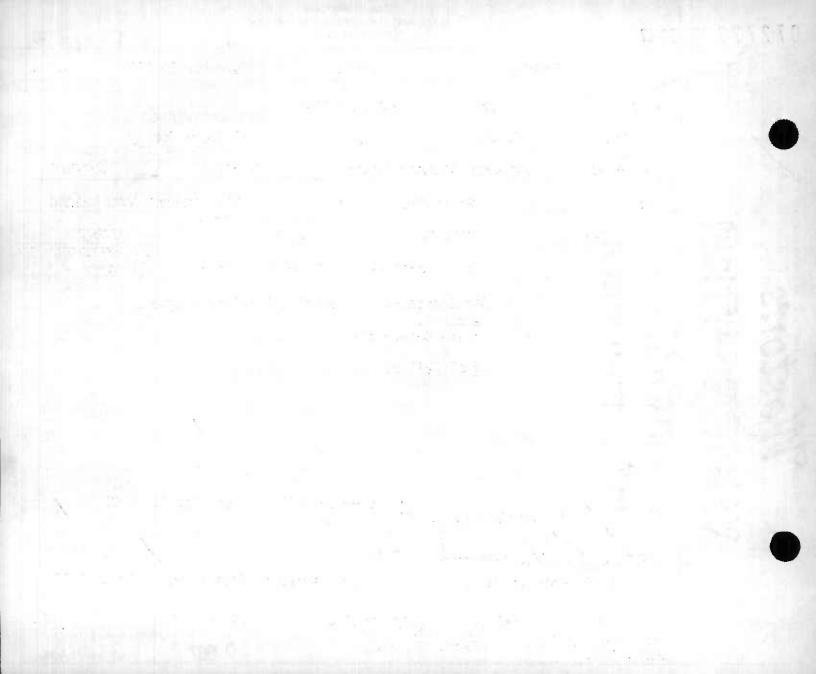
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

V	23 GISTRAR		CERTIFI	CATE OF DEATH	8	EG. NO	o. 🔾	1 3	2 3
	1. DECEASED NAME FIRST	hony		EHLER	20 DATE C		MONTH DA 198		10:00a
		1. RACE	5. DATE O			YEARS LAST BIRT		UNDER TYEAT	M
			MONTH	DAY YEAR		TEARS LAST OIK		INTHS DATS	
	MALE 70. BIRTHPLACE STATE OR FOREIGN 71	WHITE 16. CITIZEN OF WHAT COUNTR	OCT	. 15 1901	86 8 8 8 1 T I M	DE CITY O	R COUNTY C	EDEATH	
	COUNTRY) MD.	U.S.A.	MARRIED	NEVER MARRIED		_	County	FDEATH	
2		11. NAME OF HOSPITAL, NUR	SING HOME O			OCCUPATI		12h KIND	OF BUSINESS OR
7	BALTIMORE	FRANKLIN SQUAR	RE HOSP			RK FOR MOST O	F WORKING (IFE)	INDUSTRY	
5	USUAL RESIDENCE (IF NURSING ME OR O 130 STATE 13 COUNT	TY 130 CITY OR TO BALTIMO	OWN	13d INSIDE CITY LIMIT YES X NO [4205	ADDRESS /	ZIP CODE	VE.	21206
	TA FATHER'S NAME FIRST KILLIAN	AIDDLE LAST KOEHLEI	R	15 MOTHER'S MAIDEN BARBAF		MIDDLE		UNKN	ÔWN
i,	160 WAS DECEASED EVER IN U.S. ARM (YES NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? 166 SOCIAL SE	CURITY NO.	17 INFORMANT		ADDRE	ss 4500	WILLS	SHIRE AVE
	NO		5-4884	ANNETTE BA	AUERNSCHI	IDT (DGHTR)	2120	6
100	18 CAUSE OF DEATH (Enter only PART I, DEATH WAS CAUSED		ond Icid					APPRO BETWEEN	XMATE INTERVAL NONSET AND DEATH
	Conditions, if ony, which gove rise to immediate couse 101, storing the underlying couse lost PART 2 OTHER SIGNIFICANT CO 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	(b) Severe Diducto, or as a consection Renal Fa. ONDITIONS CONTRIBUTING TO THE CONDITION FOR WHI	OUENCE OF ilure TO DEATH BUT	NOT RELATED TO THE	TERMINAL DISEA		20b. IF YES,	WERE FIND	DINGS USED
1	RITE			101 11011111111111111111111111111111111	YES 🗌	NOT	YES		NO 🗌
	OR CONTRIBUTING CAUSE OF DEATH	P.M.	DAY YEAR	21c. HOW INJURY OC	CURRED (ENTER N	ATURE OF INJUI	RY IN ITEM IB PAR	T 1 OR PART 2)	
	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY OFFICE	CE FARM ETC)	21f LOCATION STREET		CITY OR TO	wn	COUNTY	STATE
	220.1 certify that () (this haspite saw the deceased alive on obove () (we) (did) (did) (add not)	ovember 19	0.7	d that in (%) (our) ope	, 10	vember ed on the do	ote and hour	ond from th	, that (we) lost ne couses stated
	22b. SIGNATURE	Julabanh	ma	ATTENDIN PHYSICIA		STAF			19/87
	Paul Wielebin:	· ·		9000 Frán	klin Squ	are Dr	., Bal	to, 2	1237
	23a BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL	11/23/87	HOLY RE		BAL	L'IMORE		COUNTY	MD".
	SCHIMUNEK FUNERA HOME, INC.	AL 3331 BRE BALTO-DORM			NOV 20	registrar 1987		AR'S SIGNA	No.

DHMH - 16 60M 7/84 (VRA 15, 4)

TO HOSPITAL OR

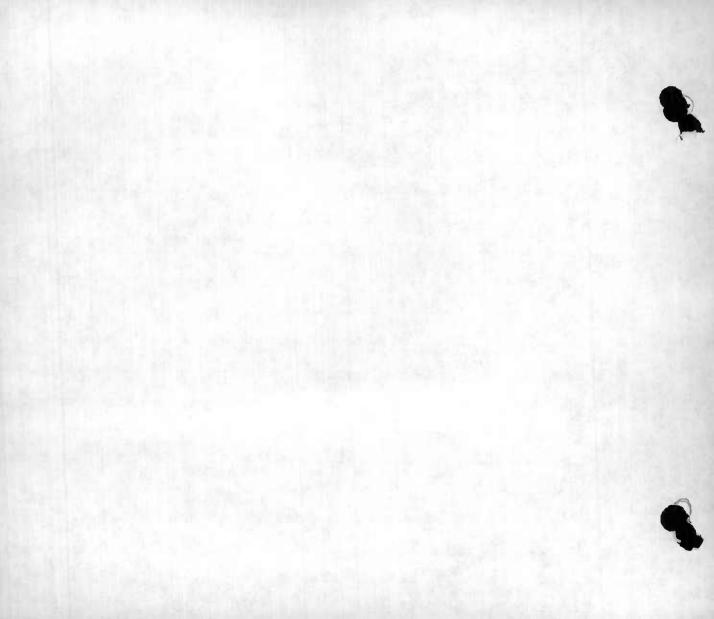
IMPORTANT: If Item 21 is morked at Item 18 shows any injury, or other troumotic event,



168	655 OCT	-	FOR 12-	9-87 med	exam	DEPART	MENT OF	HEALTH	AND MEN	TAL HYG	HENE						
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	PEE FEE STREET	3 SEX		4. RACE	S. DATE OF BIR	TH AY YEAR	& AGE (IN YEA		DER 1 YR. IF L			DATE	ED	MONTH	DAY	YEAR	2d HOUR
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-	- KELLY AL		RTHPLACE (ST.	ATE OR	76 CITIZEN OF	WHAT COUN	NTRY?	8. Sepe	erated NEVER	MARRIED	9.1	BALTIMO	RE CITY	OR COU	NTY OF	DEATH	
	IS NECESSARY, PLEASE HE FUNERAL DIRECTOR. SE S, FOR YOUR FILES. ED, WITHIN 72 HOURS N W PREFION STREET,		Md.		U.S.	A.	1411	WIDOWE		IVORCED		alti	more	Cou	nty		MD.
RITT	SE SE SE	19 C	TY OR TOWN	OF DEATH	11. NAME OF H		RSING HOME	, OR OTHE	R INSTITUTION	V 12a	USUAL	OCCUPA T OF WORK	ATION (TY	PE OF WOR	12b. K	IND OF BU	SINESS
	PAGE 5.	1	Rossvi]	le			are Hos	pital		Ke	y Pu	inch	Oper	ator	Ma	chine	ry Co
5	A CARDO	130. S		IF IN NURSING HOME	OR OTHER INSTITUTION		OR TOWN		3d INSIDE CITY LI	WITC2 117.	STREET	ADDRES	c	25.72		447	
2/2	A SEGRE		Md.	Bal	timore	Bal	timore			i Xo	3702	Rec	Gro	ve R	d.	21220	
1 / 9	T NHWY	14. F/	THER'S NAME		MIDDLE		LAST		TS. MOTHER'S	MAIDENN	IAME	MID	DIE			LAST	
. / 2	545 53		John		C.	Mec			riksi	Gert	rude		M.			Krue	eger
1 8	No. of Street	16a. V	AS DECEASED	EVER IN U.S. AP		16b. SO	CIAL SECURITY	1 NO.	17. INFORMAN	IT			ADDRES	S	212		Blvc
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD.	A A A A A A A A A A A A A A A A A A A		no	(11 163, 614)	E WAR ON DATES!	214-	44-1126	5	Paul	ine T	yler	c (si	ster				Hall
- 3	OURS 18. GI		18 CAUSE OF	DEATH (Enter o	nly one couse per	line for (o), (b), ond (c).)								BEI	APPROXIMATE	INTERVAL
Z	24 HO ITEM ONG PERM SIENE	33	PARTIDE	ATH WAS CAUSE	ED BY: ATE CAUSE (o)	Amitr	iptyline	intox	ication					733	-	WEE - 0 - 15E	
STO	NOV.		X 17 164		DUE TO,	OR AS A CON	NSEQUENCE C	OF.		3 939		11.3	1-921	100			-
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3	OR TREE			stoting the under		OR AS A CON	SEQUENCE C	OF .					S			9	-74
201	SI AL		lying caus	e 1051.	(c)								E E				
SDS CO	MER; THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HON TATE, WRITING THE WORD "PENDING" IN PENCIL IN TEM 1 FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG ME PAGE 3 SHOULD BE USED AS A BURRAL. TRANSIT PERMITHE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, IND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.		PART 2 OTHER SIG	NIFICANT CONDITION	CONTRIBUTING TO DE	AIN BUI NOI RELA	LIED TO THE TERMI	INAL OISEASE	OR CONDITION GIV	EN IN PART 1 I	0						
8	A S A S A S A S A S A S A S A S A S A S	CERTIFICATION										50	- 343				
ik -	AL, OH	3	190. DATE OF	OPERATION	19b. CON	NDITION FOR	WHICH OPER	ATION WA	S PERFORMED)?					20	AUTOPSY?	
ZIV	SSE 55 -	E	3/1													YES 🔯	NO 🗆
9	A PATE WEN BENEFIT	W.	210. EXTERNAL		21b. TIME HOUR	OF INJURY	DAY YEAR	21c. HO	W INJURY OC	CURRED (E	NTER NATU	JRE OF INJUI	RY IN ITEM 18	PART 1 OR	PART 2)		
N O	SET COLOR	MEDICAL	CONTRIBUTIN	G CAUSE OF	DEATH	P.M. 10	-12 19 8		Subjec	ct took	dru	gs					
N S	SS SP	9	21d INJURY O		STREET	CE OF INJURY FACTORY, FARM, E		21f. LOC	ATION			ITY OR TOW	N .		OUNTY		STATE
ō	WRI WRI ARD AGE ATE	2	AT WORK	AT WORK		Home	10.)		3702 Red	grove R			nore C			ryland	
	R: Ti		22a certify	that I took white	of the remains	described obs	witheld on	Autopsy	(X). In:	spection [7	Inquiry [7 .	nd in my	opinion		
	BE FOR THE		death resulte	/ 1	ray capper []	A recorded	1	cide X	Homicide			ined mon			opinion	100	
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	LEXAMINE CERTIFICATION BE COULD BE CALL DIRECT H, WITH H, WITH H, WARYL		ACTUAL	(1)	11 /,	4/0V		AA F	Assis		MEDICA	LEVALAN	LIED	DAT	E	10 - 13	-87
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE 12-1-87 med man MEDICAL EXAMINER'S CERTIFICATE OF DEATH C16 E37 DEATH MA 10 . 10-12 .87 Kornack L. 4 HOU A ACE TO THE EPOCH THE DECIMENTAL INC. to Date 10:00 White Female 181 I BALTIMORE CITY OR COUNTY OF DEATH Baltimore County U.S.A. WEGWED [] DAMORCED L 1120 USUAL OCC PATION IND IN TO 10 PIND OF BUSINESS I NAM SEHOSPIA NIESINO HOME CHOTHER INSTITUTION Key Punch Operator Machinery Co Franklin Square Hospital Rossville THE IN DECEMBERS 134 STREET ADDRESS IS CITY OR TOWN 1135 COUNTY Nox 3702 Red Grove Rd. 21220 Baltimore Baltimore Md. S MOTHER'S MAIDEN HAME FATHER NAME 410011 Krueger Gertrude М. John ADCRES M AA E EA E F ER IN IS ARME FORCE ? Pauline Tyler (sister) 9509 Perry Hal 214-44-1126 1 CALLE OF OF AIM Enterently one; we se line for a to and s MEN WALL THE PART AND THE PART FA H WAS CAUSED BY Anize pty me rene see MMEDIA'T CAUSE II DUE TO OR AS A CONSEQUENCE OF de town which atgition in miningle a the under DIE O ORAS A CON FOURN E OF 7 2 ----PAR OTHER MANICANT LONG TOURS CONTRIBUTING TO BEATH BUT NOT RELATED TO THE TERMINAL DITEATE OF CONDITION GIVEN IN PART TO 148 OND FIONT R WHICH OPERATION WA PERFORMED 78 AUTOPSY? IN CATE OF OPERATION YES IN NO TIO EXTERTIAL ALINE WAS 716 TIME OF INJURY THE HOW MILIPY OF CHERED EMPOND HE WITH THE TIM GRASS WHAT TI HOLH AM MONTH DAY YEAR UNDERLYING Subject took drubs 10-17 10 B/ ONTRIBUTING CAUSE OF DEATH TIE PLACE OF INJURY IN HOME TH LUCATION I I IN JR . C C BRED I I'll Mr 1 WHI WHILE TO WHILE TY THE FA S OF FARM PS sa thomas county. Mirriant 1703 Reduraça Ad. AT A RE WORK To the rem described glic ve Airld Autop v X Historic Flore fun de [] Hem gade THEE SPECIFY 10-13-87 MD Assistant MEDICAL EXAMINER K,NAT HE FRAMINER NAME Charles P. Kokes, M.D. ADDRES 111 Penn Street, Balto, MD 21201 THE BIRIAL FMALL PERINCULAL FIN DATE TO NAME OF CEMETERS OF REMAICRY MOSTATION RE NAME OF BALTIMORE 10/16/87 GARDENS OF FAITH BURLAL ISO DATE ATO DE REGISTRAR 1750 RE TRAFS HINAL ST " SCHIMUNEK FUNERAL HOME INC. . . wander yo Landace 9705 Belair Rd., Balto. Md. 21236 D A LANE



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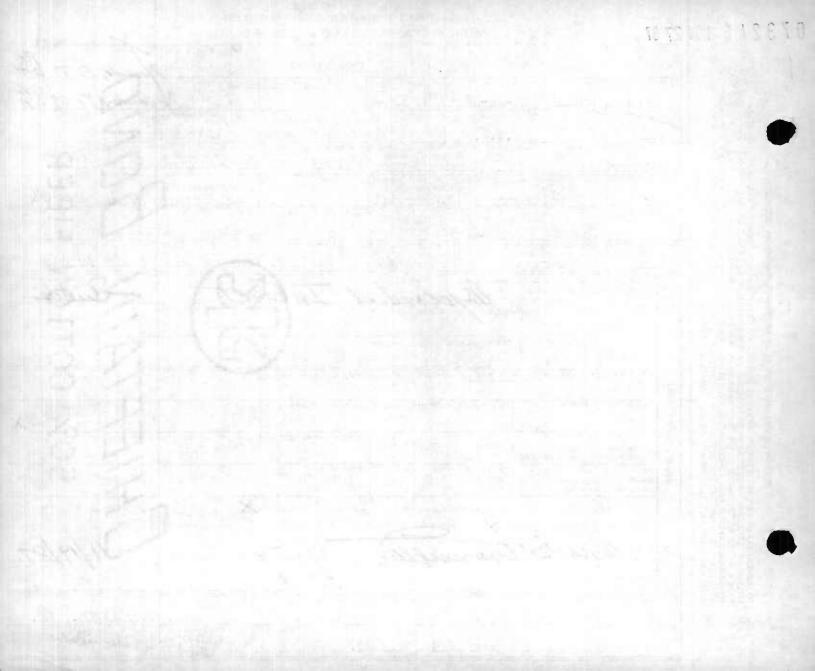
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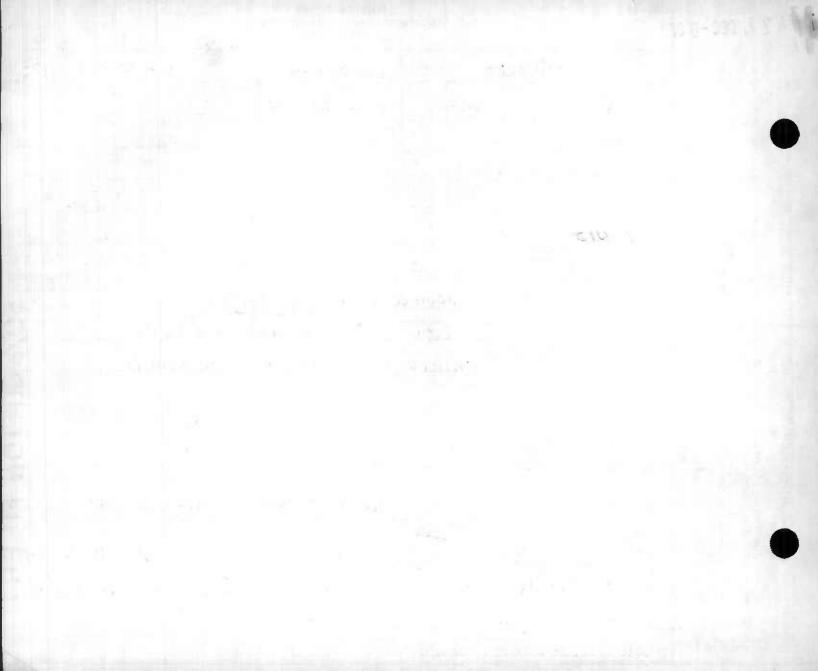


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0 1	7	CERTIFICATION	19a. DATE OF OPERAT	ION 196.	CONDITION FOR	WHICH OPE	RATION WAS PERFO	RMED	20a, AUTOPSY?	20b. IF YES,	WERE FINDIN	NGS USED
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ATTA The Court of The Court of	大	CER	21a. ACCIDENT WAS UND		TIME OF INJURY	1711 DAM	21c. HOW IN	JURY OCCURE	RED (ENTER NATURE OF IN)	URY IN ITEM 18 PAR	RT I OR PART 2}	
9 3 4 4 F F F F F F F F F F F F F F F F F	9	AL	OR CONTRIBUTING C	AUSE OF BEATH	DUR A.M. MON P.M.	TH DAY	19					
Sylp ding	/	MEDICAL	21d. INJURY OCCURR	ED 21e.	PLACE OF INJURY		211 LOCATIO	N	CITY OR T	OWN	COUNTY	STATE
DIVISION OF VITAL RECORDS, NG PHYSICIAN. The low requireding physician. The this certificate has been sign, the this certificate has been sign, the this divident print. Then the control of the control		Z	WHILE NOT WH	ALE (AT	HOME, STREET, FACTORY	Y, OFFICE, FARM, E	TC) SIRCET	/	CITION	1		J.A.C
O A STORY			220 certify that (I)	(this haspital) atte	nded the deceases	d fram	4-2-85	, 19	, ta//	16 19	987	that (I) (we) last
TO Set of the set of t			saw the decedes	d alive an	416	19 87	, and that in (my)	(aur) apinian	death accurred an the	late and haur o	and fram the	causes stated
OR A board of board of board of beard o	6		22b. SIGNATURE	O TOTAL TOTAL TO	J. Janes dean	11.	DEGREE				22c. DATE	SIGNED
선수 선수를			gu	-XC	les no	-	19.D. A	TTENDING	MEDICAL STA	CIAN [11/	18/87
HOSPITAL Gared by H O FUNERAL muld be det in the State			224. PHYSTCHAN'S NA	ME TYPE OR PRINT)	. ~	1. 2	22e ADDRES	S	A. 1 11	2/1		
o HO erame TO Fu Should			TAU	12 Chu	JAN 12	Mil	(5)	304	three It	ight	5	
			URIAL, CREMATION,				OF CEMETERY OR C		23d LOCATION CITY OR TOWN		COUNTY	STATE
BP			BURIAL	11	/19/87	BETH	ISAAC ADA			TIMORE	M	D
DHMH - 16 50M 1/8	31	24 FI	INERAL DIRECTOR	OL LEVIN	SON & BRE	OSESS. INC			E REC'D. BY REGISTRA	256. REGISTR.	AR'S SIGNAT	URE
(VRA 15, 4)		60	10 REISTER	STOWN RD	. BALTO I	4D 212	lŠ	LNOV	1 2 5 1987	anies of	Marona.	A. A.

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and the

STATE OF MARYLAND 74427 DEC-881 FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. YEAR DECEASED NAME 2n DATE OF DEATH 26 HOUR TYPE OR PRINTI SALLY MILDRED ANDSMAN 4. RACE & AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS 5. DATE OF BIRTH 21 3 SEX EMALE WHITE BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED MARYLAND USA BALTIMORE COUNTY WIDOWED DIVORCED [11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION IS CITY OF TOWN OF DEATH 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) LTYPE OF WORK FOR MOST OF WORKING LIF INDUSTRY RANDALL STOWN BALTIMORE COUNTY GEN. HOSP. MANTCURTST COSMOTOLOGY DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION APT. T-3 13a. STATE 136 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS MARYLAND BALTO. 6944 MILBROOK PARK DR. 21215 YESXI 15 MOTHER'S MAIDEN NAME M FATHER'S NAME MIDDLE FANNIE FRADIN 0415 ROSENBERG 6a. WAS DECEASED EVER IN U.S. ARMED FORCES? HEBREW BURTAPRESS SOC. 16b. SOCIAL SECURITY NO 17. INFORMANT SERVICE SOCIET LIF YES, GIVE WAR OR DATES! 220-22-5336 9 W.MULBERRY ST. 21201 BALTO., MD APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY: RAIDRESPIRATOR IMMEDIATE CAUSE (o DN 6 ESTIVE Canditions, if any, which gave rise to immediate cause (a), stating underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 I.G. CERTIFICATION 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED pe 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 21a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL LIF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 21d. INJURY OCCURRED 21f. LOCATION 21e. PLACE OF INJURY 0/ CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) morked NOT WHILE WHILE AT WORK AT WORK 22a.1 certify that (1) (this haspital) attended the deceased from DIRECTOR 11-30 Qn saw the deceased alive an. a, and that in (my) (aur) apinion death accurred an the date and haur and from the causes stated abave, (1) (we) (did) (did nat) view the bady after death 226 SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL 1000 should be deta with the State IMPORTANT: I PHYSICIAN [DIRECTOR PHYSICIAN State 224. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS 23c. NAME OF CEMETERY OR CREMATORY 23a BURIAL CREMATION, REMOVAL 23b. DATE 23d. LOCATION STATE BURTAL DEC. 2, 1987 SHAAREI ZION -ROSEDALE BALTO. MD BP. 24 FUNERAL DIRECTOR LEVINSON & BROS., INC. 25a. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 50M 1/81 (VRA 15, 4) 2121 6010 REISTERSTOWN RD. BALTO., MD



	1	500		STATE OF MARYLAND		
72989 NOV	本1	67STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE REG. NO	3 3 3 7
		DECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH	MONTH DAY YEAR 26 HOUR
ay be sage 3 death	- 1 "	Pear1	M. L	ANEHARDT	Novmeber 2	2, 1987 12:13p.m
mo)	3. 5		4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRT	
ge 4		F	W	11-23-1923	63	YRS.
h. Po	_ A	BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	Y? MARRIED NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEATH
de de ou		MARYLAND	U.S.A.	WIDOWED DIVORCED	Baltimo	re County MD.
	7 10.	BALTO.	IF NOT IN SUCH FACILITY, GIVE STRE	SING HOME OR OTHER INSTITUTION SET ADDRESS! DUARE HOSPITAL	170 USUAL OCCUPATION OF ONE MASTON	WORKING LIFE) INDUSTRY
24 hour		UAL RESIDENCE (IF NURSING HOME O D. STATE 13b COU 13b COU		WN 13d INSIDE CITY LIMITS?	136 STREET ADDRESS /	ZIP CODE Z1236 VEN COURT DRIVE.
AARYLA) 14	FATHER'S NAME FIRST FRANK	MIDDLE LAST WORTECK	15 MOTHER'S MAIDEN N.		LUTZ) IAST
MORE, A	160	WAS DECEASED EVER IN U.S. AI		CURITY NO. W INFORMANT	A ADDRE	Seven Court Drive
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2 ING PHYSICIAN: The law requires that the death certification is executed entime 24 is a certificate has been signed by the attending physician and committee has build-transit permit. Then please remove cortain against a permit on the and Mental Hygiene prior to buriol, cremation, or immoral and mental Hygiene prior to buriol, cremation, or immoral and entitle and a shows any injury, or other troumatic entit the reduced comments.	2 Parision	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT	TE CAUSE (0) URY 10 C	outlet of	cular Diseas	DITION GIVEN IN PART 110
he lo on. hos l ber lo on.	Z				YES TO NOT	IN CERTIFYING CAUSES OF DEATH? YES \(\bigcap \text{NO} \(\bigcap \)
HYSICIAN: T nding physicians certificate buriol-transis 4 Mental Hygi		OR CONTRIBUTION TO CHIEF OF OF	AID -	DAY YEAR 19	RRED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I OR PART 2)
DIVISION O or attending After this cert e as the burial alth and Ment	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	210 PLACE OF INJURY (AT HOME STREET, FACTORY, OFFIC	E, FARM ETC) 211 LOCATION STREET	CITY OR TO	WN COUNTY STATE
HOSPITAL OR ATTEND inted by the hospital or FUNERAL DIRECTOR: A void be detached for use the State Dept. of Heal		274. PHYSICIAN'S NAME (TYPE	Wew the body offer peoff.	H DEGREE ATTENDING PHYSICIAN 120 ADDRESS		IAN X 11/22/87
01	23	BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL		OAK LAWN CEM.	23d LOCATION CITY OF SWIN	TO. CHUNTY STATE
DHMH - 16 60M	1	FUNERAL DIRECTOR	- 7527 HADDREY	25a DA NO	V 2 4 1987	256 REGISTRARS SIGNATURE

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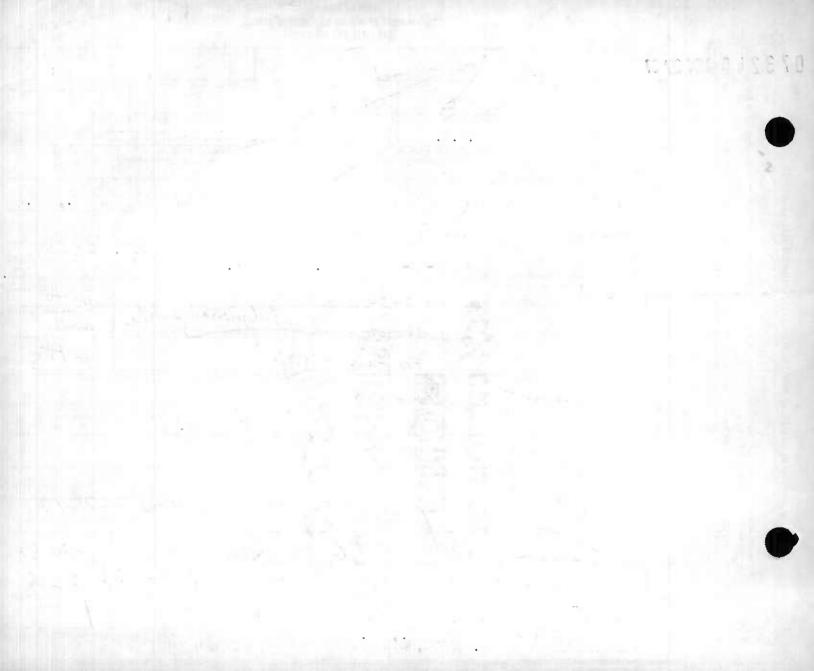
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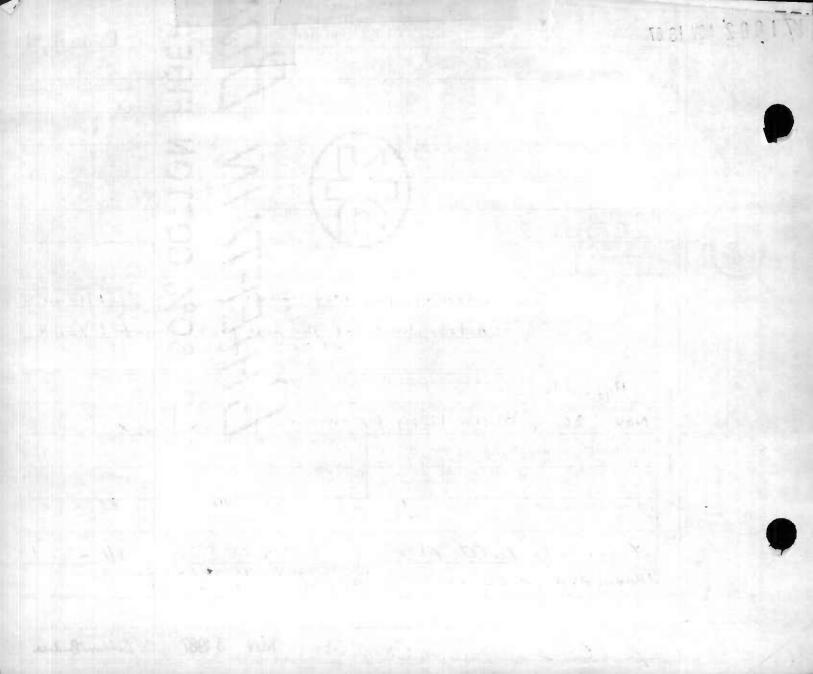
Life hospite VEZV - - William Chaffer

72922	NOV 2	118	FOR STATE REGISTRAR		DEPARTA		EALTH AND MENTAL HYG ICATE OF DEATH	GIENE REG. NO	3.11	3 3	3
4			CEASED NAME FIRST		MIDDLE		AST		NTH DAY	YEAR 2b. H	HOUR
be 3	er deoth	(d Frederi	ck LANG	E. S:	r.	November 20.	1987	111	1:45PM
0 0	- i	3. SE	x	4 RACE		S. DATE C		6. AGE (IN YEARS LAST BIRTHD	AY) IF UND	ERIYEAR IF UN	NDER 24 HRS
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	P 55/	70 B	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN O	F WHAT COUNTRY?	8. MARRIE	DE NEVER MARRIED	9 BALTIMORE CITY OR	OUNTY OF DE	EATH	
deoth.	100	1	Maryland	U.S		WIDOWE	D DIVORCED	Baltimore			MD.
the fe	led with	10 C	ITY OR TOWN OF DEATH	(IF NOT IN SE	JCH FACILITY, GIVE STREET	ADDRESS)	OR OTHER INSTITUTION	12a. USUAL OCCUPATION		KIND OF BUS	SINESS OR
pm 0 .	P P		Rossville		in Square		ital	Salesman	Bı	ildng	Supply
BALTIMORE, MARYLAND 2120 the brancuted within 24 hours systion and gampletely filled in by	anid be	13e		ME OR OTHER INSTITUTIO COUNTY Bltimore	130 CITY OR TOW		13d INSIDE CITY LIMITS?	13e STREET ADDRESS 140 Sipple	Avenue	21236 Balto.	. MD
RYL,	2 sh	14. F.	ATHER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN NA	WE		LAST	1.12
E, MAR	825	1	Fred	Α.	Lange, S	Sr.	Mary	Th	omas		
AORE, cut	Poges	16a \	VAS DECEASED EVER IN U.S	. ARMED FORCES?	166. SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRES	altimor	re, MD	
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r., BALTIV	popers. novol. ent, the r		18 CAUSE OF DEATH (Ent. PART I. DEATH WAS CA	er anly one couse pe	er line for (o), (b), on	d (51.)				APPROXIMATE BETWEEN ONSET	INTERVAL AND DEATH
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deoth ce	remove corb emotion, or r er troumotic		Conditions, if any, whic	DUE TO, (A FUEL DUE	Tiller	elation Acute			xime	lã,
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST NG PHYSICIAN: The low requires that the death cer- ottending physicion. Ifter this certificate has been signed by the ottending p	ileose remo		gove rise to immediat cause (a), stating th underlying cause los				olie Cardes le		ne /	1041±	
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NI RECORI he low rec on.	ene prior	CERTIFICATION	190 DATE OF OPERATION	19b CON	DITION FOR WHICH	OPERATIO	N WAS PERFORMED O	200 AUTOPSY? 2	Ob. IF YES, WER N CERTIFYING YES []	CAUSES OF D	USED DEATH?
4 OF VITA SICIAN: Ting physicia	Anniel-tronsit per Mentel Hygiene or Item 18 shows		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CALSE C	F DEATH HOUR	OF INJURY A.M. MONTH DA	YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY II	HITEM IB PART I OF	PPART 2]	
VISION S PHYS iffendin	_ 0 "	MEDICAL	21d INJURY OCCURRED WHILE NOWHILE AT WORK		E OF INJURY STREET, FACTORY, OFFICE, F	ARM ETC)	211 LOCATION STREET	CITY OR TOWN	CC	DUNTY	STATE
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0 0 0	State Des		Joh	an C. H	Le MD	116	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIA		lov 22.	1987
HOSPITAL	or the		John C. H	THE M.D.			7527 Belai	r Road Balti	more N	m 2123	36
0 e 0	₹ } ₹		BURIAL, CREMATION, REMO		23. 1	NAME OF C	EMETERY OR CREMATORY	23d LOCATION			
BP			(SPECIFY) Burial	Nov 2	4,87 Pa	rkwoo	od Cemetery	Baltimore,	Maryla	ind	STATE
DHMH - 16		24 F	UNERAL DIRECTOR DTF	PEI, FIINE	RAL HOME,	TNC	250 DA	TE REC'D. BY REGISTRAR 25			
(VRA I	5, 4)		110 Belair Ro				NC	V 23 1987 4	the Deal	luga- Paul	hel

5	1.	FOR STATE REGISTRAR	DEPAR	TMENT OF HE	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	HYGIENE REG. NO. 0 1 3 3 9				
	1. DE	CEASED NAME FIRST	MIDDLE		IST .		ONTH DAY YEAR	12b HOUR		
7 3 2:4 0 = NOV 2		OR PRINT) YETTA	Δ	I.AS	SKEY	NOVEMBER 1		9:20P		
pog prog	3. SE		4. RACE	5. DATE O		6. AGE (IN YEARS LAST BIRTHE				
rs offe		FEMALE	CAUCASIAN		24, DAY 1896 YEAR	91	YRS.	S HOURS MIN.		
Poor dir	7a. B	RTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT COUNTRY	2 8	□ NEVER MARRIED □	9. BALTIMORE CITY OR				
deoth deoth		NEW JERSEY	U.S.A.	WIDOWEL		BALTIMORE	COUNTY	M		
by the fu		PIKESVILLE	11. NAME OF HOSPITAL, NURS IN NOT IN SUCH FACILITY, GIVE STREE PIKESVILLE NU		ROTHER INSTITUTION	174 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W SECRETARY	WORKING LIFE) INDUSTR'	OF BUSINESS OF		
BATTIMORE, MARYLAND 212 are be executed within 24 hour striction and example telly fulled in spers. Pages 1 and 2 should be 4 yet. It is medical examiner must be	13e. :	STATE 13b. COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFORM TO THE BALTII	WN	13d INSIDE CITY LIMITS?	13e STREET ADDRESS 7208 VALLEY	(2120 COUNTRY C	8) T.,APT.B		
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WA Part of the Care		JOSEPH	BERNSTE:	IN	REBECCA	WIDDLE	CNNNU			
MORE, n ond-ea Poges	16a. \	VAS DECEASED EVER IN U.S. AR	E WAR OR DATEST		17. INFORMANT	ADDRESS	111 1. 02	,		
TIM be be s. Po		YES, NO OR UNKNOWN) [# YES, GIV	142-18	-0114	MRS. SHIRLE	Y L. MILLER				
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death core card from or surmortic	ľ	Conditions, if any, which	DUE TO, OR AS A CONSEQUENCE (b)	JENCE OF	send fru	(mother ow	aboles m	mute		
by the sost remains of common conternal		gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQU	UENCE OF	e hipl			UTTS		
S, 26	,	PART 2 OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDIT	TION GIVEN IN PART	1(0)		
on the state of th	ě	Dame	entia Blu	doer,)					
Al REC	CERTIFICATION	19a. DATE OF OPERATION	196. CONDITION FOR WHIC	H OPERATION		YES NOS	20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES	NO [
OF VII		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY I	IN ITEM IB PART 1 OR PART 2)			
DIVISION OF VITAL RECORD NG PHYSICIAN. The law requestrending physician. After this certificate box been in on the buriol-transit permit. This his and Mental Hygiene prior to acked on tem 18 shows any injury.	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	, FARM, ETC)	216 LOCATION STREET	CITY OR TOWN	N COUNTY	STATE		
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CTOS 150 H Por 12 P P P P P P P P P P P P P P P P P P	ŀ	saw the deceased alive an	t) view the body after death.	8 , one	d that is (my) (our) opinion	death accurred on the date	ond hour and from th	ne couses stated		
AL OR A the ho of proched interhed the Dept		22b. SIGNATURE	An Pull,	9	ATTENDING PHYSICIAN	MEDICAL STAFF	11-	TE SIGNED		
O HOSPITA TO FUNERA Thould be de The Manual be de The Manual be de The Manual be de		220 PHYSICIAN'S NAME (TYPE O	1.2 10 11		22e ADDRESS 400 C	old C	+. Rd a	21208		
D\$ 2533	23a l	URINE MOVAIDU REMOVAL	23b. DATE 23c.		METERY OR CREMATORY	23d. LOCATION	CALEUT	ERSEYSTATE		
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DHMH - 16 50M 1/81 (VRA 15, 4)	24 F	INERAL DIRECTOR SOL 6010 REISTERST	LEVINSON & BROS OWN RD. BALTORM	D:2121	5 NOV	25 1987	NEGISTRAR'S SIGN	ATURE		



260						STAT	E OF MARYLAND					
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. m.f	1, DE	CEASED NAME	FIRST		WIODIE	Į.	AST	2a. DATE OF DEATH	MONTH OA	Y YEAR	2h HOUR	
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Ter of	3. SE	X		4. RACE		5. DATE C		6 AGE (IN YEARS LAST BI		UNDER I YEAR	IF UNDER 24 HRS	
4 age of the following the fol	_	EMALE	Pi	WHIT	ľE	04	08 1919 EAR	68	YRS.	DAYS	HOURS MIN.	
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1 50 元		ENTUCKY		USA		WIDOWE	DIVORCED	BALTIMO		JNTY	MD.	
		ITY OR TOWN OF DEATH			HOSPITAL, NURSIN CH FACILITY, GIVE STREET EASTERN	ODRESS)	DR OTHER INSTITUTION	176 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF TEACHER	ON OF WORKING LIFE)	INDUSTRY	AY SCHOOL	
213	USU	AL RESIDENCE (IF NURSING			. GIVE RESIDENCE BEFORE	ADMISSION)				DONDE	11 Dello	
8 2 18D	M		BAL		CHASE	1	13d. INSIDE CITY LIMITS?	12717 E.		JAVE	21220	
ははオス	14. F/	ATHER'S NAME				1000	15 MOTHER'S MAIDEN NAM	AE .	.10 1 231(1)	11111	21220	
* 1000		GILES FRE	DRI	CK Z	ASHLEY		MINDY MAE	MIDDLE		LAS	т	
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R ATTENI hospitol RECTOR: hed for us spt. of He tem 21 is:		sow the deceosed obove, (I) (we) (did)	olive on.	10-2	19 9	7 or	d that in (my) (our) opinion d	eoth occurred on the d	ate and hour a			
x + x 0 0 0		22b. SIGNATURE	(ala not	view the body	offer death.		DEGREE			22s. DATE		
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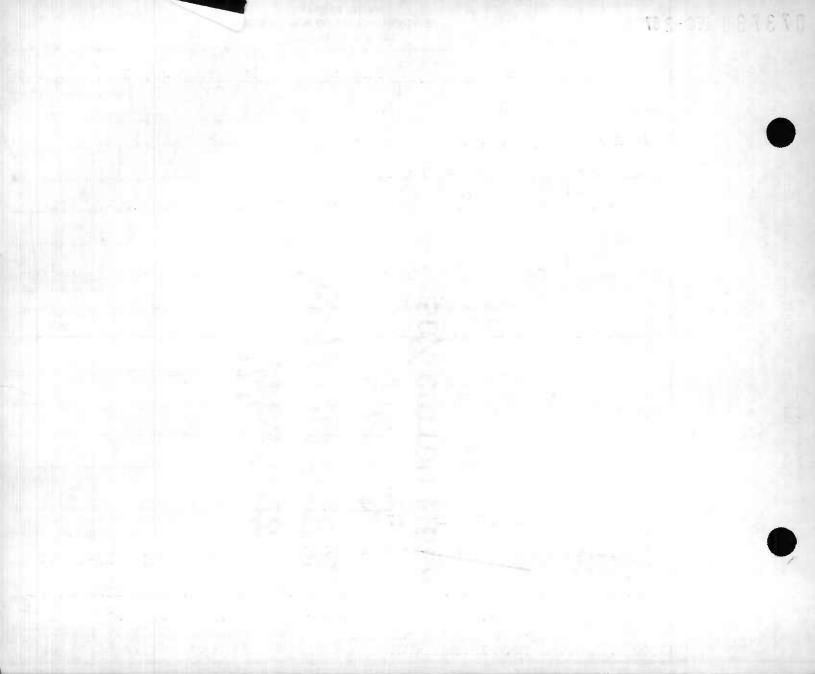
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DATE KNOWN (TYPE OR PRINT) OF ESTI-E. JAMES LINDSEY DEATH MATED 26 87 S. DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE YEAR LAST BIRTHDAY) PRONOUNCED 1/7/40 47 DEAD 19 87 IN BIRTHPLACE (STATE OR Th. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Mississippi USA Baltimore County WIDOWED DIVORCED CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE) 4715 Trident Ct. Halethorpe Driver Trucking JSUAL RESIDENCE (IF IN MURSIFICATIONE OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130 STATE COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS GA P.O. Box 5033 Albany NO [14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST FIRST James Henry Lindsev Doris Evelvn Rourk 6e. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 166 SOCIAL SECURITY NO. ADDRESS MS 473 62 4371 Wright & Ferguson Funeral Home, Yes Korean 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Hypertensive arteriosclerotic cardiovascular dispase DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH OUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0) 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO [21g EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 19 21e PLACE OF INJURY (ATHOME. 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET WHILE CITY OR TOWN COUNTY STATE WHILE AT WORK 220. I certify that I taak charge of the remains described above, held an Autopsy Inspection death resulted fram Natural causes Accident Homicide ___ Undetermined monner TITLE (SPECIFY) Chief 12 - 2 - 87DATE SIGNATURE SIGNED. PAGE 4 S TO FUNE AFTER DE EXAMINER'S NAME Ann M. Dixon, M.D. 111 Penn St., Balto., MD 21201 ADDRES 230. BURIAL, CREMATION, REMOVAL 23b DATE 23d LOCATION 23c NAME OF CEMETERY OR CREMATORY 12/3/87 Removal-Burial Lakewood Jackson, Hinds Co., 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE Jankins & Sons Co. DHWH - 17 lia Divider Randall (VR A15 ME (5))

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR BEG. NO. ECEASED NAME FIRST 2a DATE OF DEATH MONTH **JOHN** PETER LISOWKY 2:35 NOVEMBER 8. 1927 3 SEX 4. RACE 5. DATE OF BIRTH A AGE LIN YEARS LAST BIRTHDAYS IF UNDER 24 HRS MONTH YEAR MALE WHITE 27 07 1916 To BIRTHPLACE I STATE OR FOREIGN 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED NEW JERSEY U.S.A. WIDOWED BALTIMORE COUNTY DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 17a USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) WORKING LIFE INDUSTRY
Fort Holabird FORT HOWARD VAMC, FORT HOWARD, MARYLAND ARPENTER USUAL RESIDENCE HE NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 136 COUNTY Baltimore 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS MARYLAND BALTIMORE 21222 NO F 705 OAKLEIGH BEACH ROAD 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME JOHN Peter FIRST MIDDLE Banaski LISOWSKY Sr. BARBARA ADDRESS 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT YES NO OR UNKNOWN) 213 12 6794 Mary Ann Eichelberger 203 Trappe Road 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART I, DEATH WAS CAUSED BY:

ENTER CELECTER OF A CELE BETWEEN ONSET AND DEATH AS CAUSED BY:
IMMEDIATE CAUSE (0) END STAGE GLIOBLASTOMA MULTIFO ME DIVISION OF VITAL RECORDS, 201 W. PRESTON ST. DUE TO, OR AS A CONSEQUENCE OF RIGHT PARIETO OCCIPITAL REGION Conditions, if any, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. STATUS POST PARTIAL OCCIPITAL LOBECTOMY PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 19a, DATE OF OPERATION 196, CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOXX 710. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211. LOCATION CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, FTC.) NOT WHILE OCTOBER 22e.1 certify that (1) (this hospital) attended the deceased from saw the deceased alive on NOVEMBER 8 NOVEMBER and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death. 226 SIGNATUR DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN TO FUNERAL D should be detain with the State D 11/8/87 14 LON 1 0 MPORTANT: 22d PHYSICIAN S NAME (TYPE OR PRI 22e ADDRESS LFONZO/RUIZ, V.A.M.C., FORT HOWARD, MD 21052 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23a BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY) Burial CITY OR TOWI STATE 11-11-87 Holy Trinity Elkridge Maryland 24 FUNERAL DIRECTOR Duda-Ruck Funeral Home of Dundalk 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH - 16 50M 1/81 (VRA 15, 4) 7922 Wise Ave. Dundalk MD 21222

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 072062 NOV 17 97- STATE CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME Armafill Lombardi TYPE OR PRINTS J. 3. SEX 4. RACE S. DATE OF BIRTH A AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS May 30. 1921 66 White Male BALTIMORE CITY OR COUNTY OF DEATH 70 RIRTHPLACE I STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? MARRIED EN NEVER MARRIED COUNTRY TISA WIDOWED DIVORCED [IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 178 USUAL OCCUPATION Spar MOKIND ON ULINESS OR ITYPE OF WORK FOR MOST OF WORK INSTITE INDUSTRY Supervisor Loconotive Shop ASUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 136 COUNTY 134 CITY OR TOWN HIR INSIDE CITY LIMITS? 13e STREET ADDRESS 8203 Sagramore Road 21237 Baltimore Rosedale NO CX Md. YES [] 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME Minnotti MIDDLE MIDDLE Clara Lombardi Ercole ADDRESS 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT HE YES, GIVE WAR OR DATES! IYES NO OR UNKNOWN WW 2 222-05-5056 Mrs. Elizabeth Lombardi ves APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) Thypsid with metasta PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (or DUF TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG THE DATE OF OPERATION 10s AUTOPSY? 20s. IF YES, WERE FINDINGS USED 1% CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NO IT YES T 71a ACCIDENT WAS UNDERLYING 215 TIME OF INJURY THE HOW INJURY OCCURRED | ENTER HATTIRE OF HAURY IN TERM TO PART I OR PART II 100 HOUR A.M. MONTH YEAR OR CONTRIBUTING | CAUSE OF DEATH OF DITHER NOTES MEDICAL EXAMPLE. 19 711 LOCATION 714 INJURY OCCURRED 21s PLACE OF INJURY COUNTY CITY OF TOWN STATE AT HOME STREET FACTORY OFFICE FARM STC 1 AT WORK AT WORK 17x.1 certify that (1) (this hospital) attended the sleceously from saw the decented alive on above, (If we) (did (did not) view the body after dec and that in (my lost) ppinion death accurred on the date and hour and from the causes stated 77h SIGNATURE DEGREE Th: DATE SIGNED ATTENDING MEDICAL PHYSICIAN [DIRECTOR PHYSICIAN 27d. PHYSICIAN'S NAME THE OR PRINT) 12e ADDRESS FUNE old be the St Stella Maris Hospice Towson, Md. Eddie Nakhuda 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION 23a BURIAL, CREMATION, REMOVAL SPECIFY) Dulaney Valley Mem. Nov. 18, 1987 Cockeysville Burial Balto. 250, DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 50M 1/BI Leonard J. Ruck Inc. Baltimore, Maryland Artia Dividson Par (VRA 15, 4)

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CTATE OF MARYLAND

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law

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STATE OF MARYLAND FOR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	4	REGISTRAR				CERTIF	ICATE OF DEATH	1	REG. N	40		1 3	A	13
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DHMH - 16 60M 7/84 (VRA 15, 4)

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR REG. NO I. DECEASED NAME 70. DATE KNOWN (TYPE OR PRINT) OF ESTI-LOTT MARTHA DEATH MATED 4. RACE IF UNDER 1 YR. 3. SEX 5. DATE OF BIRTH AGE (IN YEARS IF UNDER 24 HRS 2c. DATE MONTH JAST BIRTHDAY) PRONOUNCED 23 15 72 YRS BLACK DEAD FEMALE THE BUTTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED FOREIGN COUNTRY) BALTIMORE COUNTY USA FL DIVORCED CITY OR TOWN OF DEATH 126 KIND OF BUSINESS 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK BALTIMORE SUAL RESIDENCE (IF IN NURSING OME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) la STATE N36 COUNTY 13d. INSIDE CITY LIMITS? PA 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME GREEN GREEN MARTHA CHARLES 17 INFORMANT ADDRESS 16s. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. IYES. NO. OR UNKNOWNI (IF YES, GIVE WAR OR DATES) ALFRED LOTT 1468 N. HIRST STREET 264-12-7030 APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY SCLEROTIC CARDIN. IMMEDIATE CAUSE (o. DUE TO, OR AS A CONSEQUENCE OF ULIAK DISEASE Canditions, if ony, which gave rise to immediate cause (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10. 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? ORWARDED TO THE CHER. PAGE 3 SHOULD BE USE THE STATE DEPARTMENT OF 12 OF 12 OF 12 OF 12 OF 12 OF 13 OF 14 OF 15 OF 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME, 211. LOCATION 21d. INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN STATE COUNTY WHILE AT WORK 22a. I certify that I tack charge of the remains described above, held an death resulted Iron ACTUAL SIGNATURE EXAMINER'S NAME (TYPE OR PRINT) 23a. BURIAL, CREMATION, REMOVAL STATE 11/17/87 ROLLING GREEN MEM PA 24. FUNERAL DIRECTOR DHMH - 17 (VR A15 ME (5)) MARCH F/H. INC. 1101

STATE OF MARYLAND

				STATE OF MARYLAND	36-03-5/
			FOR - STATE	DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
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202		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU				st Carcino				BETWEEN	ONSET AND DEATH
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hos been permit. I ene prior	CERTIFICATION	190 DATE OF OPERATION	19b COND	ITION FOR W	HICH OPERATIO	N WAS PERFORMED		AUTOPSY?	IN CERTIF	S, WERE FINDI YING CAUSES	
S certificate h burial-transit p Mental Hygier or frem 18 shov		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A	OF INJURY .M. MONTH	DAY YEAR	21¢ HOW INJURY O	OCCURRED (E	NTER NATURE OF INJUR	RY IN ITEM 18 F	PART I OR PART 2)	
After this ce se as the buri ofth and Mer marked or It	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE	OF INJURY	OFFICE, FARM, ETC.)	211 LOCATION STREET		CITY OR TO	wn	COUNTY	STATE
for us		220 I certify that (1) (this has saw the deceased alive above, (1) (we) (did) (did	on_Novemb	er 24	Novemb	er 18, 19 id that in (my) (our) o		Novembe	,	ond from the	
RAL DIRECTI detoched for tote Dept. of NT: If them 2		27b. SIGNATURE	jully			DEGREE ATTEND PHYSIC	ING MED	DICAL STAF	FF IAN 🗍	22c. DATE	ESIGNED
FUNE old be h the S		S.P. Girdhan				22e ADDRESS	C				
should b	230	BURIAL, CREMATION, REMOV			23c NAME OF C	EMETERY OR CREMA		LOCATION		COUNTY	STATE
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H - 16 60M 7/B4		UNERAL DIRECTOR		ADD	ORESS		Su. DATE REC'	D. BY REGISTRAR			
(VRA 15, 4)		Leoñard J. Ruc	k, Inc.,	5305 Ha	rford R	i.	MUV	1 1901	Chele ,	Dandon.	Kandala

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Market Barrier S. Mark S. Vick. 18 September 1977 . 1971 . Suppl of Employed

2007 NOV 1	7.6	OR STATE		DEPARTI		E OF MARYLAND EALTH AND MENTAL HYC	SIENE		
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may be page 3 er death	3. SE		4 RACE	1/13	5 DATE O	OF BIRTH	6 AGE (IN YEARS LAST BIR		M
ctor. I	J. JE	^ Male	Whit	0	MONT		81	MONTHS	DAYS HOURS MIN.
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		ITY OR TOWN OF DEATH	11. NAME OF		NG HOME	OR OTHER INSTITUTION	120 USUAL OCCUPATI	ON 12b. K	CIND OF BUSINESS OR
10		Poggwi 11 o	Frank	1 in Sauar	o Hoc	pital	Contractor		ving
P P P	USU 13a.	AL RESIDENCE HE MURSING H	OME OR OTHER INSTITUTION	131. CITY OR TOW	E ADMISSION)	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS	ZIP CODE	
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常	14. F/	ATHER'S NAME	WIDDLE	LAST		15. MOTHER'S MAIDEN NA	MIDDLE		LAST
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redico		VAS DECEASED EVER IN U	J.S. ARMED FORCES?	16b SOCIAL SECU	JRITY NO.	17 INFORMANT	BATE	fmore, MD	21237
Be	,	No		212-18-2	109	M. Jacquelin	O'Connor 8	405 Mt. A:	ity Ct.
io i		18 CAUSE OF DEATH (E. PART I. DEATH WAS	nter anly ane cause pe	r line for (a), (b), an	id (c).)			BE	APPROXIMATE INTERVAL JWEEN ONSET AND DEATH
ud wa		PART I. DEATH WAS G	MEDIATE CAUSE (a)	Irosepsis					
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Print Sony	Z.	190 DATE OF OPERATION	1 % CONC	TITION FOR WHICH	PERATIC	N WAS PERFORMED	706 AUTOPSY?	20b. IF YES, WERE IN CERTIFYING C.	FINDINGS USED AUSES OF DEATH?
1 500	E E						YES NO	YES [NO 🗌
Hyg 18 s	-	210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE		OFINJURY M. MONTH D	AY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1 ORP	ART 2)
Mentol	CAL	LIF EITHER NOTIFY MEDICALE	XAMINER) P	.M.	19	1			
_ 0//	MEDICAL	21d INJURY OCCURRED	LAT HOME ST	OF INJURY	FARM, ETC)	211 LOCATION STREET	CITY OR TO	wn cou	NTY STATE
morked	 	AT WORK NOT WHILE							
8		220.1 certify that (1) (this	s hospital) attended the	he deceased from	May 2	19/8	to November	.,	, that (I) (we) lost
2 1		sow the deceased a abave, (1) (we) (did)	live o November	y after death.	8/	nd that in (my) (our) opinian	death occurred an the de	ate and hour and fro	am the couses stated
Ched Dept.		22b. SIGNATURE	001	0		DEGREE			DATE SIGNED
Jeto ote D		wer	Mon	y us	-	ATTENDING PHYSICIANA	MEDICAL STA	IAN []	1/13/87
A AN	1	22d. PHYSICIAN'S NAME	(TYPE OR PRINT)	U		22e ADDRESS			
should be det with the Stote IMPORTANT:		Norris	Horwitz,	M.D.		611 Park Ave	e., Balto.,	Md.	
of MAN	23a	BURIAL CREMATION REM			NAME OF (EMETERY OR CREMATORY	23d. LOCATION		
		Buria1				edeemer Cemet	CITY OR TOWN	COUNTY	y STATE
	24 F	INTERNAL PARECTOR			-		TE REC'D, BY REGISTRAR	nore, Mary	IGNATURE
- 16 60M 7/84 /RA 15, 4)		NAME D.	IPPEL FUNE	,		1101			
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR LO EN ED NAME M. DATE KNOWN X OF ESTI-R FILES. HOURS STREET, ROGER LEE 11-18-87 DEATH MATED MADKINS 4 RACE MONTH DAY 5. DATE OF BIRTH 6 AGE INYEARS IF UNDER 1 YR. IF UNDER 24 HRS 2d HOUR 2c. DATE LAST BIRTHDAY Nov.11,1970 11-18-87 6PM. White DEAD Male TO BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Maryland Baltimore County USA DIVORCED II. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 12b KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE) 332 Worton Road Student Essex USUAL RESIDENCE HE IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13g. STATE 13r. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Md. Balto. 332 Worton Road 21221 Essex 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Judith William Madkins Ralston George Rae USED AS A BURIAL - TRANSIT PERMIT. PAGES I A OF HEALTH AND MENTAL HYGIENE, ĐIVISION OF RIAL CREMATION. OR REMOVAL 17 INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO ADDRESS (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) William Madkins 332 Worton Road 21221 214-11-4135 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Shotgun wound of head DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 II CERTIFICATION 19a, DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD EXECUTE THE CERTIFICATE, WRITING THE WORD "PREE 4 SHOULD BE FORWARDED TO THE CHIEF TO FUNRAL DIRECTOR: PAGE 3 SHOULD BE USED AFFER DEATH, WITH THE STATE DEPARTMENT OF HE BALLMORE, MARYLAND, 21201 PROR TO BURIAL, YES X NO [210 EXTERNAL CAUSE WAS THE THEOF INJURY

3 THE SAM. MONTH DAY YEAR 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2) UNDERLYING FOR SONTRIBUTING CAUSE OF DEATH 11-18-87 self/inflicted 21f. LOCATION 21e PLACE OF INJURY (AT HOME. STREET, FACTORY, FARM, ETC.) WHILE AT WORK 332 Worton Road Baltimore Co., Md. home Autopsy X 22a I certify that I taok charge of the remains described above, held on Inspection ond in my opinion X Hamicide Undetermined manner Notural causes Accident TITLE (SPECIFY) Assistant MEDICAL EXAMINER 11-19-87 SIGNATURE Margarita A. Korell, M.D. 111 Penn Street EXAMINER'S NAME (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236. DATE 23d LOCATION MiddleRiver Baltimore Maryland Holly Hill Cemetery 11/21/87 Burial 07/84 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE **DHMH - 17** 24 1901 Confielly Funeral Home 300 Mace Ave. 21221 (VR A15 ME (5))

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER TIFICATE OF DEATH REGISTRAR REG. NO. CEASED NAME Jean Magee Norma M DATE KNOWN YPE OR PRINT) OF ESTI-V 72 HOURS ON STREET, DEATH MATED FILES 4. RACE 6 AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 5 FOR YOUR FI 2c. DATE AST PIRTHDAY) PRONOUNCED Female White Oct. 30 1935 To BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED Penna. USA Baltimore County WIDOWED [DIVORCED ED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126. KIND OF BUSINESS ranklin Sq. Hospital FOR WOST OF WORKING LIFE) Restaurant AL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Maryland 812 wilson Point Rd. Unit C 13d. INSIDE CITY LIMITS? Middle River 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Robert Lette Conor 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 210 28 8864 John H. Magee, Husband Same 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL ERIUSCLEROTIL CAROL PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE CLAR DISEBSE Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 Id. TWENT OF HEALTH A CERTIFICATION 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY TIC HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. The PLACE OF INJURY (AT HOME 21f LOCATION 38 STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN WHILE AT WORK COUNTY STATE 220 I certify that I taak charge of the semains described above, held an Autopsy and in my apinian EXECUTE THE CERTIFIC PAGE 4 SHOULD BE F TO FUNERAL DIRECTO AFTER DEATH, WITH THE BALTIMORE, MARYLAN death resulted from: Natural cause Swicide Hamicide Undetermined manner ACTUAL EXAMINER'S NAME (TYPE OR PRINT) 23a BURIAL, CREMATION, REMOVAL 23b. DATE Holly Hill Memorial Gardens Baltimore Co., Md. 07/84 BP 25M Julia Divider **DHMH - 17** Home PA 1407 Old Eastern AveNU Funeral (VR A15 ME (5))

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STATE OF MARYLAND

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		Poge	rector, page 3		Male		daucasian	1/0	7/23	64	YRS				
		9.	Pe Sp di		IRTHPLACE (STATE OR FOREIGN	76 CITIZEN	OF WHAT COUNTRY?	MARRIE	D MEVER MARRIED	9. BALTIMORE CITY	OR COUNTY	OF DEATH			
		deot			Maryland		5.A.	WIDOWI	DO DIORCED	Paltim	are Count	ty	MD.		
		ž	23/27	10 C	ITY OR TOWN OF DEATH		OF HOSPITAL, NURSING SUCH FACILITY, GIVE STREET		OR OTHER INSTITUTION	120. USUAL OCCUPA	ATION	12b. KIND OF INDUSTRY.	BUSINESS OR		
	107	103			andallstown	#1 St	ilky Court Apt	. 103		Retired Bal			ergeant		
	2	2	できるく	13a.	AL RESIDENCE (IF NURSING HOM	OR OTHER INSTITU	13c. CITY OR TOV		13d. INSIDE CITY LIMITS?	13e. STREET ADDRES	s	211	33		
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	3	that	ed by the please ren rial, crem ar ather		underlying cause last	1	c)								
	DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND	- es	P 2 2	-	PART 2 OTHER SIGNIFICAN	NT CONDITION	NS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CO	NDITION GIVE	N IN PART 110			
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	ECO	30	DETA	CERTIFICAT	190 DATE OF OPERATION	19b. CC	ONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?		WERE FINDING			
	AL	200	e hos sit per giene hows	1 2						YES NO	YES		NO 🗌		
	>	Z	certificate priorition of prio		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF		ME OF INJURY R.A.M. MONTH D	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF IN	JURY IN ITEM 18 PA	RT 1 OR PART 2)			
	0	Sign	ding ph s certifi buriol-th Mentol	S S	(IF EITHER NOTIFY MEDICAL EXAM	INER)	P.M.	19							
	SIO	PHY	10 × 0 × 0	MEDICAL	21d. INJURY OCCURRED		ACE OF INJURY ME STREET, FACTORY, OFFICE,	FARM, ETC)	211 LOCATION STREET	CITY OR	TOWN	COUNTY	STATE		
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		O Z	O O E		220.1 certify that (I) (this ha	•	ed the deceased Irom_	Se	, , , ,	10 NDV	· q . 1	1 - /	not (I) (we) last		
		ATTE	ned by the haspital FUNERAL DIRECTOR: uld be detached for us the State Dept. of He ORTANT: if them 21 is		sow the deceased alive above, (I) (we) (did) (de	nat) view the t	body after death.		nd that in (my) (aur) opinion	death accurred on the	date and hour				
		S S	DIREC oched Dept. If Item		276. SIGNATORE	_	1		DEGREE ATTENDING	MEDICAL SI	TAFF	22c. DATE S	IGNED		
		Z Z	RAL DI detoch rate De		Many	are	effer	M	PHYSICIAN [DIRECTOR PHY		11-1	1-87		
		SPII	the St		174 PAYSICIAN'S NAME IN	PE OF PRINTS			22e ADDRESS						
		, i	0 - 0 - 0		Dr. Nasse	r Java	dpour		22 S. Green	Street B	alto. M	m.			
		5	ē ≒ # 3 ₹ 1		BURIAL, CREMATION, REMOV	AL 23b. DAT	ΓΕ 23τ.	NAME OF	EMETERY OR CREMATORY	23d LOCATION		COUNTY	STATE		
			BP		(SPECIFY) Burial	11.	/18/87	mrid R	idae Cemetery	Pikesvill			MD		
		DHA	MH - 16 50M 1/81	24 F			s Funeral Dire		Trocs 750. DA	TE REC'D. BY REGISTR.	AR 256 REGISTR	RAR'S SIGNATU			
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STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. N DECEASED NAME KNOWN X Η. DEATH MATED Neil Manley 3. SEX 4 RACE 6 AGE (IN YEARS IF UNDER YR 5. DATE OF BIRTH IF UNDER 24 HRS DATE 2d HOUR 30 yps 7,1957 PRONOUNCED 5:00 p. M M Cauc 9 DEAD 11 - 31987 76 CITIZEN OF WHAT COUNTRY TO BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) USA WIDOWED [DIVORCED K Baltimore County, AND 3 TO THE FUR RETAIN PAGE 5 HOULD BEFILED, RECORDS, 201 W IS CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR INDUSTRY Installer Sign Co. Catonsville Frederick Rd. & Dungarre Drive 25 S. Pi 134 INSIDE CITY LIMITS? 3a. STATE Balto 13c CITY OR TOWN Prospect DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Manley Lloyd John Berchie 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT 402 MontemerssAve 21228 YES, NO, OR UNKNOWN) 216-72-2977 Mr. Donald Manley 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Multiple Injuries TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 I EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITED PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALCO TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL "TRANSIF TE AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIE BALLINORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMICHAD DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (c) 19s. DATE OF OPERATION 195 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES XX NO [21a. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOURZAZ MONTH DAY YEAR UNDERLYING XX OR 1987 motocyclist/multiple vehicle collision CONTRIBUTING CAUSE OF DEATH TIE PLACE OF INJURY LATHOME 211 LOCATION STREET, FACTORY, FARM, ETC.) NOT WHILE AT WORK Frederick Rd. & Dungarre Dr., Catonsville, road Baltimore Co., Md. 22a. I certify that I taak charge of the remains described above, held an Accident X death resulted fram: Hamicide Undetermined manner Natural causes Deputy Chief

MEDICAL EXAMINER ACTUAL 11-4-87 SIGNATURE EXAMINER'S NAME Ann M. Dixon. M.D. 111 Penn St., Balto., Md. 21201 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION Burial Dulaney Valley M.G. Md. 07/84 24 FUNERAL DIRECTOR 736 Edmondson 25M Ave. 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** Sterling Ashton Funeral Estate, P.A. NOV (VR A15 ME (5)) dea Devidion.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE OR GISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. DECEASED NAME O. DATE KNOWN (TYPE OR PRINT) OF ESTI-NERAL DIRECTOR. FOR YOUR FILES. WITHIN 72 HOURS DUARD DEATH MATED SEX & AGE (IN YEARS IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOLINCED 1924 62 YRS 11. Dec. DEAD Male White 7b. CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OF 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED T NEVER MARRIED FOREIGN COUNTRY! USA. WIDOWED . DIVORCED Maryland
O CITY OR TOWN OF DEATH 126 KIND OF BUSINESS 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12a. USUAL OCCUPATION (TYPE OF WORK OR INDUSTRY Baltimore County General Hospital Supervisor Utility Randallstown ISUAL RESIDENCE (IF IN NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13b COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 13a. STATE 13c. CITY OR TOWN Reisterstown Baltimore 303 Berrymans Lane Maryland 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE FIRST Marquess Allen Mason Ida May 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT ADDOS Berrymans Lane (YES, NO, OR UNKNOWN) (IF YES GIVE WAR OR DATES) Reisterstown, Md. 219-18-8030 Mrs. Ellen Marquess WW- II Yes APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: ARCIONASQUIA IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) MEDICAL EXAMPER: THIS CERTIFICATE SHOULD BE DISCUSSED THE CHERT WORD. THE CHIEF MEDICAL SHOULD BE USED AS THE CHIEF MEDICAL SHOULD BE USED AS AN WITH THE STATE DEPARTMENT OF HEATTH THOSE AN WITH THE STATE DEPARTMENT OF HEATTH THOSE AND AND STATE DEPARTMENT OF HEATTH THE STATE DEPARTMENT OF THE STATE DEPARTM 19a. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [NO [71a EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, 21f. LOCATION NOT WHILE STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY STATE AT WORK AT WORK 22s I certify that Ltaak charge of the remains described above, held an Autopsy and in my opinian death resulted from Homicide Undetermined monner SIGNATURE NO. 23a BURIAL, CREMATION, REMOVAL 23b DATE Finksburg, Carroll. Evergreen Mem. Gardens 11/13//87 Burial BP Eckhardt Funeral Chapel 250 DN SEC 1 BY 3E GISTRAS SIGNATURE 24. SUNERAL DIRECT **DHMH** - 17 Owings Mills, Md. 21117 (VR A15 ME (5)) 20M 4/B2

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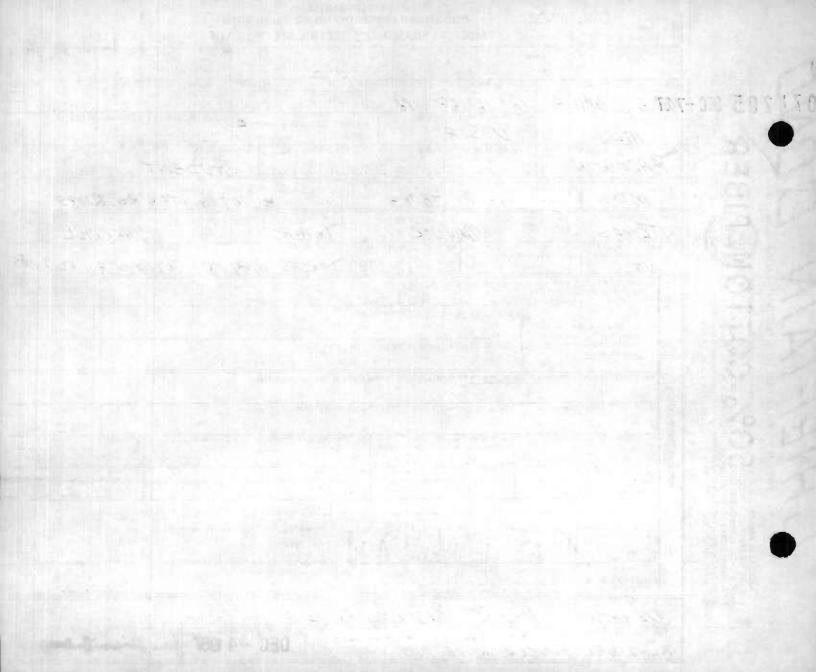
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Pito 110 110 110 111		sow the deceased alve above (I) we) (did) (did	no view the body	ofter death.	, and that w (my (our) apinio	n death accurred an	the date and hour	and from the causes stated
A c b o o		276. SIGNLATURE	11		DEGREE			22c. DATE SIGNED
		Laura	2/10	type	ATTENDING PHYSICIAN	MEDICAL DIRECTOR P	STAFF HYSICIAN	11-24-8
HOSPITAL ned by if FUNERAL old be det othe State		224 PHYSICIAN'S NAME (TY	PE OR POUNT)	11100	22e ADDRESS	JOSEM	+ 1100	PITAL
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	21201 AND 3 BETAIN OULD CORD		AL RESIDENCE (IF IN NU STATE	Harf		13c. CITY OR TOWN	SION)	13d INSIDE CITY LIMITS? YES NO	13e. STREET ADDR	RESS INVAIN K	30. 2.108	25	
	RE, MD.	46	JAMES	MID	DLE M	94NOR		DORGAS	EN NAME	MIDDLE 5/	HERRIL		
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	L RECORDS, 201 W. PRESTON ST., ULD BE EXECUTED WITHIN 24 HOU "PENDING" IN PENCIL IN IEM IB F. MEDICAL EXAMINER ALONG VER AS A BURIAL-TRANSIL PERMIT HEATH AND MENTAL HYGENER LL, CREMATION, OR REMOVAL		Canditions, if a gave rise to cause (a) stating	immediate /	(b)	AS A CONSEQUENCE							
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	₹ 00 # 5 K %	CERTIFICATION	19a. DATE OF OPERA	ATION	196. CONDITI	ON FOR WHICH OP	RATION W	AS PERFORMED?			20 AUT		_
	2 200 2 2		210. EXTERNAL CAU UNDERLYING CONTRIBUTING	OR		MONTH DAY YE	AR	ow Noury occurr ssenger in			1 OR PART 2)	fire	2
	S CERI RITIN RDED 3E 3 SI FE DEP	MEDICAL	214 INJURY OCCUR	RED	21e PLACE O STREET, FACTO	F INJURY (AT HOME, DRY, FARM, ETC.)	21f LO	cation treet eetAir Rd,	CITY OR T	OWN	COUNTY	STA	TE
J.	WINER: THI IFICATE, W BE FORWA CTOR: PACH H THE STAT	7	220. I certify that			ribed abave, held an		y X , Inspection,		, , and in	ту артпап		
	TO MEDICAL EXAMINER: TE EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORM TO FUNEAL DIRECTOR: PAFTER DEATH, WITH THE ST BALTIMORE, MARKHAND, 2		ACTUAL SIGNATURE	flows	F	Gills	Ad	TITLE (SPECIFY) D. <u>Assistan</u>	t_MEDICAL EXA	MINER	DATE 1	L/27/87	,
	O MEDIO XECUTE XECUTE A SGE 4 S O FUNE FIER DE	7	EXAMINER'S NAME (TYPE OR PRINT)			le, Jr, M.		ADDRESS 111	Penn St.		Balto.MI) .	
	07/84 BP	2	SECULAL CREMATION, R	0 11	-30-87	SECURI	84 F	COCESS DATE	23d. LOCATION CITY OR TOWN Balt REC'D. BY REGISTR	o., Md.		STATE	
	DHMH - 17 (VR A15 ME (5))	9	NAME RHIMUNEK			air Road	Balt			11	AR'S SIGNATUR	luca)	



			1	FOR TTTT		n	EDADTME			ARYLAND AND MEN		CIENIE		3-		
			1-	STATE UNI	K. 87-12:	1 MED	ICAL EX			ERTIFICA			4 050		7	-7
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	_ 0	V. PLEASE IRECTOR UR FILE V2 HOURS N STREET	3 SE	4 RAC	E , 5.D.	ATE OF BIRTH	VEAD 6.	AGE (IN YEARS	IF UND	ER I YR. IF	UNDER 24		DATE	MONTH		YEAR 24 HOUR
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	5	WRIT WRITE OF SOL	E	WHILE NOT	WHILE X	roa	ORY, FARM, ETC.)		STATE		Rd nr		winMil		Ral+0	. CO . MD
		JACKET THIS CERTIFICATE SHE WOR CATE, WRITING THE WOR FORWARDED TO THE CI- OR, PAGE 3 SHOULD BE I THE STATE DEPARTMENT (NW), 21201 PRIOR TO BUIL	7		I taak charge of t			helden	Autopsy	[3]	nspection			and in my ap		· CO. FIL
		RECTOR:		death resulted from			Acident D	Sucid	-	Hamicide		Undetermine]	Jinian	
		ERTINE B	1		Manas	+ 1	10	h	. 1	TITLE (SPE		Onderermine	o monner			
		AL PACON	1	ACTUAL SIGNATURE	Many		EKU	4	MALD			_MEDICAL E	XAMINER	DATE	D 11/2	27/87
		NER STATE	1	EYAMINED'S NAME	Marria	F. Goll	o Tre	M	4					to Mr		
		TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PA AFTER DEATH, WITH THE ST BAITMORE, MARYDAND, 2		(TYPE OR PRINT)						DDKE22		nn St.		to, MD	· .	
		E02549	230.8	URIAL, CREMATION,	EMOVAL 23b. DA	ATE 30-P-	231. NAA	AE OF CEMET	0		Y	23d. LOCATION	N	COUP	00	STATE
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		DHMH - 17 (VR A15 ME (5))	5	NAME		91 Hom				, Md	EC -	4 1987	STRAP 256 RE	Dunder	Randae	
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3	ge 4 moy be ector poge 3 rs after death			EASED NAME FIRST	ACE W	S. DATE O	F BIRTH DAY 2 YEAR	11/11/21	MONTH DAY YEA S IF UNDER 1 YEA WONTHS D	12:25 A
•	deoth. Por funerol dir thin 72 hou	/	1	OUNTRY)	CITIZEN OF WHAT COULT	MARRIED		BALTIMORE CITY O		MD.
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AND 213	filled in	35	13a S	7.7%	Y I3c CITY OF	R TOWN	IM. INSIDE CITY LIMITS? YES NO [13. STREET ADDRESS	ZIP CODE	9 21040
MARYI	mpletel ord 2	20	H	THER'S NAME PIRST SHERMAN	NAWKING		BLANDING	HAWKILL	· S*	LAST
BALTIMORE,	(1)	12		(AS DECEASED EVER IN U.S. ARME ES, NO OR UNKNOWN) (IF YES, GIVE W		SECURITY NO.	T INFORMANT MRCLANZINGK	AMCDANIZE /		Cares On
ST., BALI		2		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED I IMMEDIATE	BY CAAI	Mespy	igtory ar	iest	BETW	PROXIMATE INTERVAL VEEN ONSET AND DEATH
PRESTON	i that the death cert id by the attending lease remove carboi ial, cremotion, or rei or other traumotic e			Conditions, if any, which gove rise to immediate cause iol, stating the underlying cause last.	DUE TO, OR AS A CON (b) COV DUE TO, OR AS A CON (c)	SEQUENCE OF	r deger	eration		
AL RECORDS, 2	he low requires ion. hos been signe it permit. Then pl ene prior to bur lows ony injury, o	7	CERTIFICATION	PARTY OTHER SIGNIFICANT CO	INDITIONS CONTRIBUTION 196 CONDITION FOR V	At huf	with se	AINAL DISEASE OR CON 200 AUTOPSY? YES NO	20b. IF YES, WERE FILL IN CERTIFYING CALL	NDINGS USED
DIVISION OF VIT	PHYSICIAN: The ending physicia this certificate to buriol-transit and Mental Hygie dor them 18 shot	9	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	H DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART I ORPAR	7 2)
DIVISIO	this the b	'	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e PLACE OF INJURY (AT HOME, STREET FACTORY, O	OFFICE, FARM, ETC.)	21f LOCATION STREET	CITY OR TO	wn count	Y STATE
42	spital CTOR. I for us of He			220. I certify that (1) (this hospital sow the deceosed alive on above (1)(we)(did) (did nat)	11115	19_ <u>X</u> 7_, an	d that in (my) (opinian	deoth occurred on the de	ote and hour and from	, that (I) (we) lost the causes stated
•	he he ho toche Dep	4		276 SIGNATURE	re BA	M	ATTENDING PHYSICIAN 2	MEDICAL STAI	7100	16/87
	TO HOSPITAL retained by t TO FUNERAL should be de with the Stott	4	23a. E		DNE SA	XT 1230 NAME OF C	S4 QOTT	Uddun F	d (och	Rysville
	BP			BURIAL	11-19-87	EGERNE:	PERE CH, CAN	HOPPA TO	ON BOLTS	Co. LA
ī	OHMH - 16 60M 7/ (VRA 15, 4)	84	24 FI	NERAL DIRECTOR NAME LIRUS LIRUS	3 22724.	North	Mya N	TE REC'D. BY REGISTRAR N 19 1987	25h GOTRANO SIC	NATU

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FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH DEC I. DECEASED NAME ELIZABETH LIVPE OR PRINTI ecilia IF UNDER I YEAR IF UNDER 24 HRS 3. SEX 4 RACE 6. AGE (IN YEARS LAST BIRTHDAY) YEAR White 07 BALTIMORE CITY OR COUNTY OF DEATH TE CITIZEN OF WHAT COUNTRY? Ta. BIRTHPLACE ISTATE OR FOREIGN MARRIED | NEVER MARRIED | coMaryland USA timore WIDOWED X DIVORCED | 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 10 CITY OR TOWN OF DEATH Cardinal Sheehan Center (TYPE OF WORK FOR MOST OF WORKING LIFE) Homemaker OWSOV SUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION Maryland Baltimore 134 INSIDE CITY LIMITS? 136 COUNTY 13e.STREET_ADDRESS / ZIP CODE 607 Tunbridge Rd. 21212 15. MOTHER'S MAIDEN NAME FATHER'S NAME Ignatius Edward Smith Briedenbaugh Élizabeth WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 298 Stanmore Rd. 16h SOCIAL SECURITY NO (YES NO OR UNKNOWN) 213-05-4922 Richard S. McEvoy Baltimore, Md. 21212 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY-IMMEDIATE CAUSE 10 AVONIC Canditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LID 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, WERE FINDINGS LISED 190 DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NOT YES | 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TB PART I OR PART 2) 7 In. ACCIDENT WAS UNDERLYING 8 HOUR AM. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH FM (IF EITHER NOTIFY MEDICAL EXAMINER) à 21d INJURY OCCURRED THE PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE AT HOME STREET PACTORS OFFICE PARM, ETC.) NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from saw the deceased alive an. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated abave, (1) (we) (did) (did not) view the body after dea 226. SIGNATURE DEGREE ATTENDING MEDICAL STAFF TO FUNERAL (should be deta with the State E DIRECTOR PHYSICIAN IMPORTANT 22e ADDRESS 22d PHYSICIAN'S NAME (TYPE COTAIN 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION, REMOVAL 23b. DATE (SPECIFY Burial Texas, Baltimore Co., Maryland Dec. 1.1987 St. Joseph Church 6500 York Rd 250 DATE PEC D BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 60M 7/B4 Mitchell-Wiedefeld Home, Inc. Balto., Md.21212

(VRA 15, 4)

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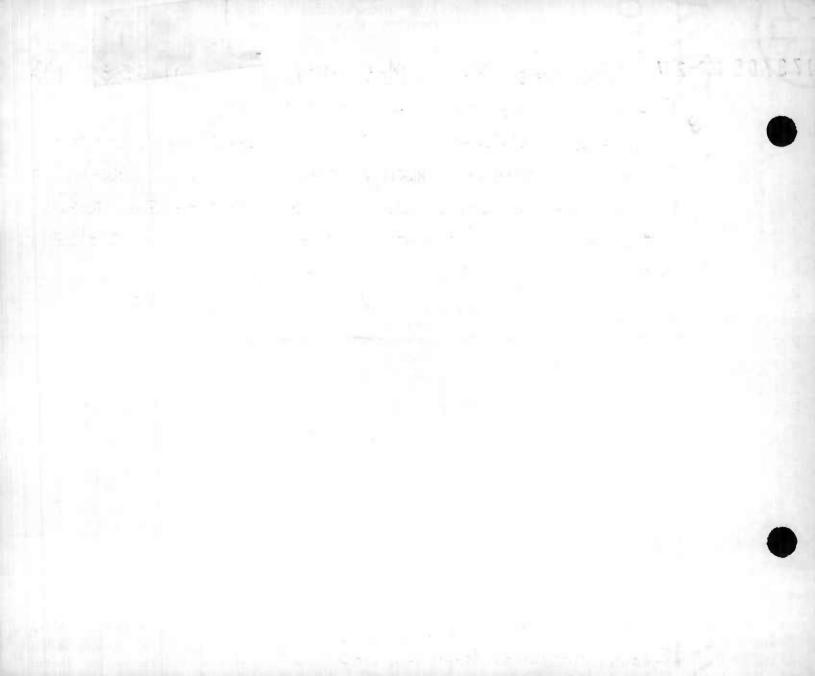
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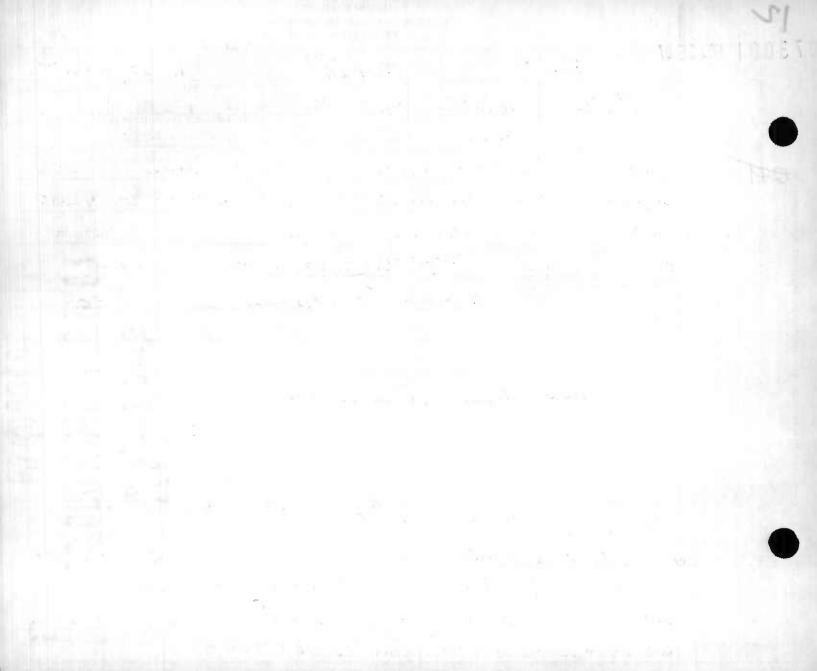
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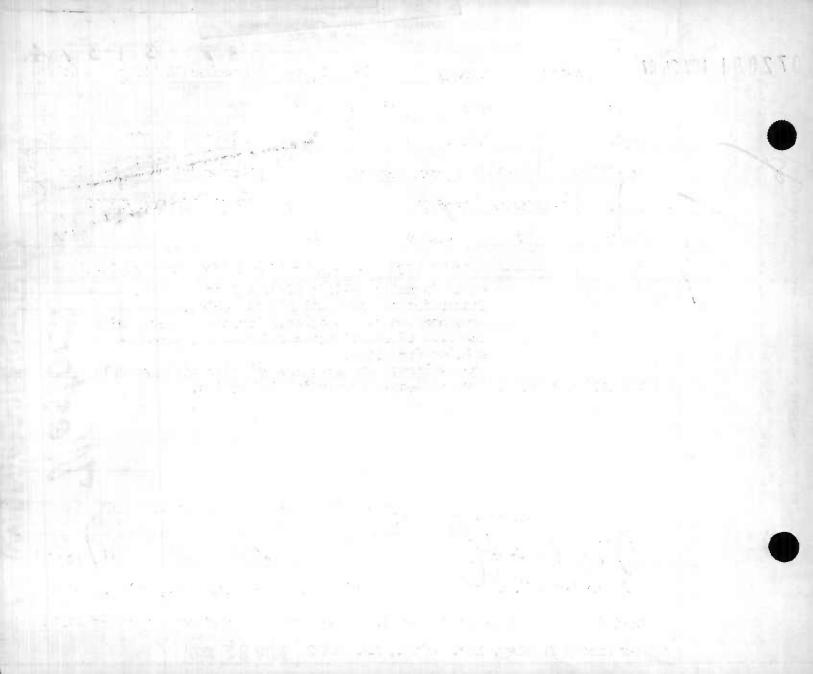
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR I.DECEASED NAME 2h HOUR JOHN MEEHAN (TYPE OR PRINT) deoth John 3. SEX 4 RACE 6. AGE (IN YEARS LAST BIRTHDAY) May 3, 1925 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED W NEVER MARRIED Pennsylvania U.S.A. Baltimore County WIDOWED DIVORCED ID. CITY OR TOWN OF DEATH 1). NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 126 KIND OF BUSINESS OR Vice-President St. Joseph Hospital M.B.C.Realty Towson USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE 1603 Dulaney Dr. Maryland Harford Jarrettsville 21084 NO K 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Unknown Harriett David Meehan, Jr. ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 208-14-1456 17 INFORMANT Mildred E. Meehan - same as #13e APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY eukemia 4 MM IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 70a AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOM 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 5 21d. INJURY OCCURRED 21e PLACE OF INJURY 21f. LOCATION COUNTY STATE CITY OR FOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from. 24 NOU and that in (my) (aur) opinian death accurred an the date and haur and from the causes stated obove, (1)(we) (did) (did nat) view the bady after death. 22b. SIGNATURE DEGREE 22c. DATE SIGNED should be detach with the State De IMPORTANT: If H ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION Harrisonburg, Rockingham, Va. Burial 11-25-87 East Lawn Mem. Gdns. 24. FUNERAL DIRECTOR 1050 York Rd. 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE Ruck Towson Funeral Home, Inc., Towson, Md.21204 NOV 24 DHMH - 16 60M 7/84 (VRA 15, 4)



(VRA 15, 4)



Upperco. Md

(VRA 15, 4)

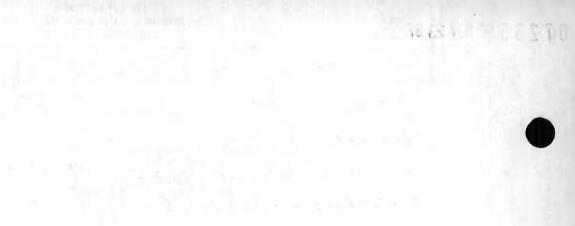
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FOR STATE			DEPARTMENT OF H						
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4 01	Walter	Jone	s Me	essick	341	11	L 20	87	12:40P
3 SEX	4. RACE		5 DATE C			SE (IN YEARS LAST BIRTHE	DAY) IF UN	DER I YEAR	IF UNDER 24 HRS
M		W	WOMIL	1°9 0	2°	85	YRS	DATS	HOURS MIN.
70. BIRTHPLACE (STATE O	OR FOREIGN 76 CITI	ZEN OF WHAT CO	OUNTRY? 8	D NEVER MARR	IED	LTIMORE CITY OR	COUNTY OF		
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10 CITY OR TOWN OF D		ME OF HOSPITAL	, NURSING HOME	R OTHER INSTITUTI	ION 12a (USUAL OCCUPATION			BUSINESS OR
Catonsvil	le St.	Joseph	S Nurs	ng Home	E	Brick Maso		idustry Unknov	νπ
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(SPECIFY)] 11	1/23/87	Meadown	idae Mem	Pk	Elkridge		ard N	STATE
(SPECIFY) Buria 24 FUNERAL DIRECTOR	1 11	L/23/87	Meadowr	idge Mem.		Elkridge D. BY REGISTRAR 25	Howa	ard M	Md.

DHMH - 16 60M 7/84 (VRA 15, 4)

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	€	offer.	3. SE	MALE	1. RACE WHITE	5. DATE OF BIRTH MONTH DAY YEAR YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
	Poge	10 a		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	1	1 BALTIMORE GITY OR COUN	TYOF DEATH
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YLA	this contract	>= ====	14. FA	THER'S NAME	10 .00.	IS. MOTHER'S MAIDEN NA		411-121111
MAR				CHARLES	MERT	Z MARY	MIDDLE	CHWEICKER
BALTIMORE, MARYLAND 21201	be executed	rs. Pages 1		VAS DECEASED EVER IN U.S. AR	RMED FORCES? 166. SOCIAL SECTION OF DATES	IRITY NO. 17 INFORMANT	Carning REC	01205
DS, 201 W. PRESTON ST		is signed by the attending physicia. Then please remove carbon papers, to burial, cremation, or removaliniury, or other traumatic event, the	NC	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO		MINAL DISEASE OR CONDITION G	SIVEN IN PART Ita
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٥	TTENDIN pital or	for us of He 21 is		saw the deceased alive or	n 19 attended the deceased from 19 at 19 view the body after death.	To and that in (my) (aur) apinion	death occurred an the date and h	, 19, that (I) (we) fast our and from the causes stated
	0 0	0 % 0 =	-	2b. SIGNATURE	D. Agrus	DEGREE DENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	11-13-1987
	- 0	should be dere with the State IMPORTANT: I		DR. FAUSTO	ACQUINO	270 ADDRESS 3713 HAR	EFORD ROAD, F.	PARKULLE MD
	P € BP_	<u>- + 3 ≥</u>	23 E	BURIAL CREMATION, REMOVAL	1 23b. DATE 23c S	NAME OF CEMETERY OR CREMATORY T. JOHNS CEM.	23d LOCATION CITYOR LOWIN VIL	LAGE NITY
		6 50M 1/81 A 15, 4)	24 EI	INERAL DIRECTOR CHAPLE	EL OF MEDORGY	NOICIES NOI	TE REC'D. BY REGISTRAR 25b. REGI	ISTRAR'S SIGNATURE



	١,	FOR STATE			ATE OF MARYLAND F HEALTH AND MENTA	AL HYGIENE				
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TO HOSPITAL retoined by th TO FUNERAL should be deter with the Store		Dr. Herbert			5404 Ea	st Driv	r e			
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FOR STATE REGISTRAR

1. DECEASED NAME

STATE OF MARYLAND

MIDDLE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH** REG. NO.

26 HOUR

			EASED NAME	FIRST		MIDDLE		LAST		2a. DME OF DEATH	HTMOM	DAY YEAR	26 HOUR
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 NG PHYSICIAN: The low requires that the death certificate be executed within 24 hours attending physician and completely filled in by os the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be left and Amental Hygiene prior to burial, cremation, or remaval.	CERTIFICATION	190 DATE OF OPERATION	196 CONDI	TION FOR V	VHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO[X		FINDINGS USED CAUSES OF DEATH?
ON OF VITAL HYSICIAN: The ding physicio is certificate h burial-iransit memal B Hygies or Item 18 she		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER)	HOUR A./	M. MONT	H DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	IN ITEM 18 PART I OR	PART 2)
DING PHYSIC or offending After this cert is as the burial alth and Menti marked ar then	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE (OF INJURY	OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOW	n co	UNTY STATE
TENDI trol or OR: A OR: A Tris m		22a 1 certify that (X (this hospite sow the deceased alive on above, (X (we) (did) (XXXX)	Novembe	e deceosed er 23	from Nover 19 87 . o	nd that in XX) (our) opinion	to November		
hoss hoss rept.		22h SIGNATURE	a.	1	's M	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFI		11-23-87
HOSPII ned b ruld be the St		22d PHYSICIAN'S NAME (TYPE OR Cynthia A		rs, M.	D.	22e ADDRESS	n Square Dr		2
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DHMH - 16 60M 7/B4	24 F	UNERAL DIRECTOR			DRESS.	1 1 1	TE REC'D, BY REGISTRAR 2	56 REGISTRAR'S	SIGNATURE
(VRA 15, 4)		Leonard J. Ru	ick, Inc	530	5 Harfor	d Rd.	Ju, 5		

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- P. C. Carrell . In Contract of the Contract

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CERTIFICATION

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ia	Rose	Mi.	lligan		136		11 -	13	-87	11	JA N
ace Whi	.te	5. DATE C	DAY	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYEAR IF UNDER 21 HB.							
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couse (o), stoting the DUE TO, OR A underlying couse lost.

IMMEDIATE CAUSE (0)_

Victoria

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GI

160. WAS DECEASED EVER IN U.S. ARMED FORCES?

18. CAUSE OF DEATH (Enter only one couse per lin PART I. DEATH WAS CAUSED BY

13h COUNTY

MIDDLE

J.

4 RACE

Th. CITIZEN OF WH USA

Stella

PART 2. OTHER SIGNIFICANT CONDITIONS CON

19a DATE OF OPERATION	196 CONDITION FOR WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINITING CAUS	OINGS USED ES OF DEATH? NO
21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c. HOW INJURY OCCURRE	D (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I OR PART 2	1
21d. INJURY OCCURRED WHILE OT WHILE OF WORK OF WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OF TOV	VN COUNTY	STAT

220.1 certify that (1) (this hospital) attended the deceased from ebruan sow the deceased alive up and that in (nly) (our) opinion death occurred on the date and hour and from the causes stated obove, (I) (we) I did titled not him the body ofter death 22b SIC ---DEGREE 22c. DATE SIGNED

ATTENDING ris PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (1991 de point) 22e ADDRESS

Albert DeLoskey , M.D. Suite 205

660 Kenilworth Dr. Towson, Md. 21204

STAFF

23b. DATE 23¢ NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL (SPECIF Burial 11-16-87 Gardens of Faith

23d LOCATION CITY OF TOWN

MEDICAL

Baltimore Maryland

24 FUNERAL DIRECTOR

FOR STATE REGISTRAR DECEASED NAME (TYPE OR PRINT)

Female

TO BIRTHPLACE (STATE OF FOREIGN

Maryland I CITY OR TOWN OF DEATH

Thomas

Conditions, if ony, which

gove rise to immediate

Towson

Maryland 14 FATHER'S NAME

130 STATE

3. SEX

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 7401 BeLAIR Rd BALTO, Md. 2123

DHMH - 16 60M 7/84 (VRA 15, 4)

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		ARY, PLEASE 1 DIRECTOR YOUR FILES. N 72 HOURS	3 SEX		l A	DATE OF	DAY	YEAR	6. AGE (IN		HS DAYS	IF UNDER		RONOUP	NCED	MONTH	DAY YE	AR 2d HOUR
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	201	EXA ION,	-3	lying cause last.		(c)						3						
	DIVISION OF VITAL RECORDS, 201 W.	E EXE IDING IDICAL	N	PART 2 OTHER SIGNIFICANT CO	NOITIONS CONT	TRIBUTING TO	OEATH DU	T NOT RELAT	ED TO THE TE	RMINAL OISEAS	E OR CONDITIO	ON GIVEN IN PA	RT 1 (a).					
		HEA A	CERTIFICATION	19a. DATE OF OPERATIO	NC	19b. C	ONDITIO	ON FOR V	VHICH OP	ERATION V	AS PERFO	RMED?					20 AUTOP	SY?
	ATIV	SHO CHIE	TIFE														YES [NO
	0	CATE WE WE WILD BE	II CEI	210 EXTERNAL CAUSE V		HOL		MONTH	DAY YE		OW INJUR'	Y OCCURRE	D (ENTER N	IATURE OF IN	JURY IN ITEM	18 PART 1 OR	PART 2)	
	150	SHOP TO SHOP	MEDICAL	CONTRIBUTING CAL		21e P		INJURY	19 (AT HOME,		CATION						20.00	
	NO NO	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 EXECUTE THE CERTIFICATE, WRITING THE WORD, "PENDING". IN PENCIL IN ITE, PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG TO FUNCE, PAGE 3 SHOULD BE USED AS A BURRAL. TRANSIT PERMAFER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIELE BALLIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL	ME	WHILE NOT WHAT WORK		STRI	EET, FACTO	RY, FARM, ET	C.)		STREET			CITY OR TO)WN	(COUNTY	STATE
		POR		226 I certify then I too	ak charge of	f the remo	ins descr	ibed abo	ve, held an	Autop	sy .	Inspection	n 4.	Inquiry		and in my	apinian	
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		BP	24. FI	INERAL DIRECTOR								25 DEC					SIGNATURE	
		(VR A15 ME (5)) 20M 4/82	WM	. C. MARCH F	-/H, I	NC.	110	1 E.	NORT	H AVE	NUE	000	00	1507				

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DHMH - 16 60M 7/84 (VRA 15, 4)

11-27-87 9000 Franklin Square Dr. Balto., MD 21237 11/30/87 OR TOW Baltimore Co., Md. STATE Burial Holly Hill Memorial Garden's 24 FUNERAL DIRECTOR Bruzdžinski Funeral Home PA 1467 Old Eastern Avenov ma devider- handese

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2b. HOUR

Construction

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

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COUNTY

22c. DATE SIGNED

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				STATE OF MARYLAND			
4 NOV 13		FOR STATE REGISTRAR		TMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	NATA.	C 614216731	,8 Z
. ne	I. DE	CEASED NAME FIRST	JOSEPH	MITNICK	20. DATE OF DEATH	MONTH DAY YEAR	26 HOUR
poge 3		GEORG	E	MITHICH	NOVEMBER 7,		9:10ам
or, p	3. SE	X	4 RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIR	THDAY) IF UNDER 1 YEAR MONTHS DAY	
upprol director	1	MALE	WHITE	JUNE 1, 1917	70	YRS.	
2 Podi	Z 70. B	IRTHPLACE (STATE OR FOREIGN	16. CITIZEN OF WHAT COUNTRY	Y? I MARRIED NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY OF DEATH	
		IARYLAND	U.S.A.	WIDOWEDEN DIVORCED	BALTIMORE	COUNTY	MD.
A SOL	95	ORT HOWARD	FIF NOT IN SUCH FACILITY, GIVE STRE	SING HOME OR OTHER INSTITUTION (SET ADDRESS) JARD, MD. 21052	170 USUAL OCCUPATE TYPE OF WORK FOR MOST O MERCHANT	ON 126 KIND INDUSTR	OF BUSINESS OR
filled in	130.		OR OTHER INSTITUTION GIVE RESIDENCE REF	ORE ADMISSION) WN 134. INSIDE CITY LIMITS:	13e STREET ADDRESS 522 ST. PA	UL PLACE	21202
tely 2 s s		ATHER'S NAME		15. MOTHER'S MAIDEN	NAME		
P	10	MÖRRIS	MITNICK	FANN	IIE MIDDLE	SCHWAR!	rz Z
Poges	2 16a.	YES, NO OR UNKNOWN) (IF YES, G	RMED FORCES? 166. SOCIAL SERVE WAR OR DATES) 216 05	MAX SCHWART	Z 7020 FIELI	DCREST RD.	#21215 21052
certificate bring physicio		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS IMMEDIA	only one couse per line for (o), (b), ose BY: ATE CAUSE (o)_END_STAGE	E METASTATIC CANCE	R OF THE LUNG	APPR BETWEE	Oximate interval IN ONSET AND DEATH
by the ottendin use remove corb I, cremotion, or i other troumotic		Conditions, it ony, which gave rise to immediate couse Io1, stating the underlying couse lost.	DUE TO, OR AS A CONSECTION OF THE TOTAL OF T				
signed b hen pleos \$6 buriol,	Z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	O DEATH BUT NOT RELATED TO THE TE	RMINAL DISEASE OR CON	DITION GIVEN IN PART	Î(o)
been prior	F ¥	19a DATE OF OPERATION	19b. CONDITION FOR WHIC	CH OPERATION WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FINE	DINGS USED
per per	/ ≅				YES NO	IN CERTIFYING CAUSE	ES OF DEATH?
ol-tronsit	AL CERTIFICATION	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN	EATH	DAY YEAR	URRED (ENTER NATURE OF INJUI		
e os the buriol-tronsi olth and Mental Hygi marked or Item 18 st	MEDICAL	214. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC	21f LOCATION	CITY OR TO	WN COUNTY	STATE
R. Af use o Health			pital) attended the deceased from	07	,	. 19_ 87	, that (I) (we) last
RECTOR ned for u ept. of He tem 21 is		sow the deceased alive a above, (I) (we) (did) (did r	not) view the body after death.	, die the in (my, (ser, spin	on death occurred on the do		
Direction of them		77% SIGNATURE	1	DEGREE	MEDICAL STAF		TE SIGNED
J + 0	1	affonso 10	my mi)		MEDICAL STAF	IAN 🔼 11/	/8/87
should be de with the Stot		ALLONZO R	Z, M.D.	VAMC, FORT	HOWARD, MARY	LAND 21052	
should to	23a	BURIAL, CREMATION, REMOVA (SPECIFY) BURIAL		NAME OF CEMETERY OR CREMATOR	234 LOCATION BALTIMO	RE COUNTY AL	RYLAND
H - 16 50M I /BI	24 F	UNERAL DIRECTOR SOL	LEVINSON & BRO	S., INC. 250 E	DATE REC'D. BY REGISTRAR	256. REGISTRAR'S SIGN	ATURE
/RA 15, 4)		6010 REISTERSTO	WN RD. BALTO.	MD 21215	NOV 1 2 198	7 : Tind	- D. 1

12/02/87

8728 Liberty Road Randallstown Maryland 21133

Loring Byers Funeral Directors, Inc

Woodlawn Cemetery

250 DATE REC'D.

STATE OF MARYLAND

STATE

STATE

MD

BY REGISTRAR 256. REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/B4 (VRA 15, 4)

Buria!

24 FUNERAL DIRECTOR

BP

signing for each

188 10 330 Cath butters insultaine the great tree

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer death. Page 4 may be

Bhy

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending phy should be detached for use as the buriol-transit permit. Then please remove carbonpowith the State Dept. of Health and Mental Hygiene prior to buriol, cremation, as remign

BP

DHMH - 16 60M 7/84 (VRA 15, 4)

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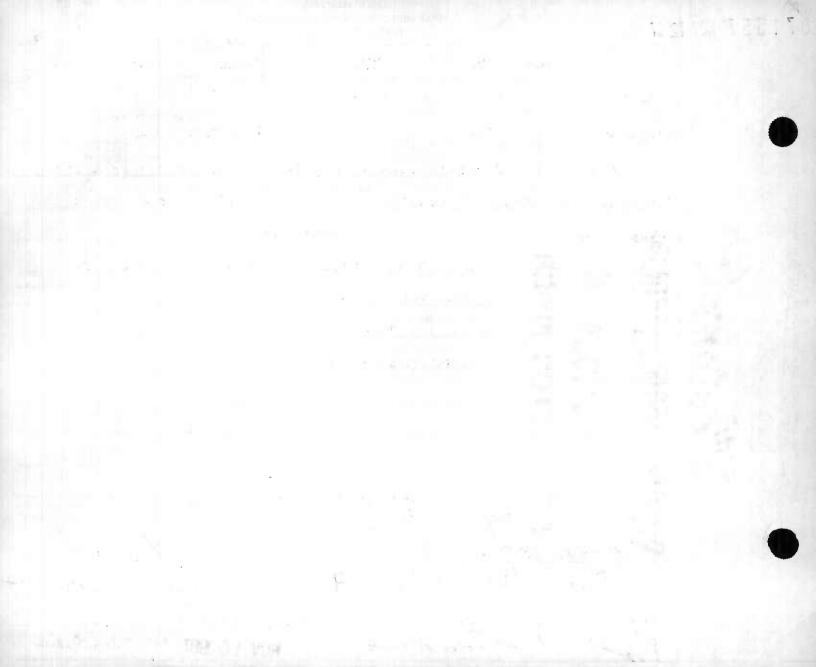
in by the funeral director, page 3 of filed within 72 hours after death

ould be

STATE OF MAKTLAND	E OF MARYLAN	D
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2 67 STATE REGISTRAR			CERTIFI	CATE OF DEATH	REG. N	0.	0 0
1. DECEASED NAME (TYPE OR PRINT)	Everett	W.	MC	ORGAN	November 6	, 1987	2b. HOUR 9:40
Male Male	4.1	Cau.	5. DATE O 7001	F BIRTH 8-18° YEAR	6. AGE (IN YEARS LAST BIR	THDAY) IF UNDE	DAYS HOURS
70. BIRTHPLACE (STATE Maryland	OR FOREIGN 7b	CITIZEN OF WHAT COUN	MARRIEC	NEVER MARRIED DIVORCED D	Baltimore city of	R COUNTY OF DE	EATH
10 CITY OR TOWN OF ROSSVIll		NAME OF HOSPITAL, NI JIF NOT IN SUCH FACILITY, GIVE FRANKLIT	STREET ADDRESS)	ROTHER INSTITUTION e Hospital	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST OF Longshor	OF WORKING LIFE INC	KIND OF BUSINES DUSTRY LA 953
USUAL RESIDENCE (# P 130. STATE Maryland 14. FATHER'S NAME FIRST Everett	Balt:	imore Rose	edale_	13d. INSIDE CITY LIMITS? YES NO THE SEMILIDEN NA FIRST Nettie Me	WE		et 2123
160. WAS DECEASED EN (YES, NO OR UNKNOWN) Yes	VER IN U.S. ARME	AR OR DATES)	SECURITY NO.	17 INFORMANT Helen M. M.	ADDRI		Street
Conditions, if	IMMEDIATE (DUE TO, OR AS A CONS					
	ony, which immediate tating the ouse last	DUE TO, OR AS A CONS (b) Pulmona DUE TO, OR AS A CONS (c) Metasta	ary edema sequence of atic colo	ON CANCEY NOT RELATED TO THE TERM	NINAL DISEASE OR CON	DITION GIVEN IN	PART Ito
gove rise to couse (a), st underlying co	ony, which immediate orting the ouse lost	DUE TO, OR AS A CONS (b) Pulmona DUE TO, OR AS A CONS (c) Metasta	ary edema sequence of atic colo g to death but	ON CANCEY	AINAL DISEASE OR CON 200 AUTOPSY? YES 1 NO 1	20b. IF YES, WER	PART 110 E FINDINGS USED CAUSES OF DEATH NO
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GROWE rise to couse (a), sit underlying counderlying counderlying counderlying counderlying counderlying counterlying coun	ony, which immediate toting the buse lost SIGNIFICANT COLOR ERATION CAUSE OF DEATH MEDICAL EXAMINER	DUE TO, OR AS A CONS (b) Pulmona DUE TO, OR AS A CONS (c) Metasta NDITIONS CONTRIBUTING 196. CONDITION FOR W 216. TIME OF INJURY HOUR A.M. MONTH	ATY EDEMINATION SEQUENCE OF COLO G TO DEATH BUT IN WHICH OPERATION H DAY YEAR 19 DEFICE FARM. ETC.)	ON CANCEY NOT RELATED TO THE TERM WAS PERFORMED 21c. HOW INJURY OCCUR 21f. LOCATION STREET	200 AUTOPSY? YES NO NO RED (ENTER NATURE OF INJU	20b. IF YES, WER IN CERTIFYING I YES	E FINDINGS USED CAUSES OF DEATH NO
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GOVE rise to couse (a), sit underlying compared to the standard of the standar	ERATION SUNDERLYING CAUSE OF DEATH MEDICAL EXAMINER URRED 1 (1) (this hospitol eosed olive on pie S NAME (Type or pie	DUE TO, OR AS A CONS (b) Pulmona DUE TO, OR AS A CONS (c) Metasta NDITIONS CONTRIBUTION 19b. CONDITION FOR W 21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY, O	ATY Edema SEQUENCE OF ATIC COLO GTO DEATH BUT I VHICH OPERATION H DAY YEAR 19 DEFICE FARM ETC) from Octobe 19 87 on	ON CANCEY NOT RELATED TO THE TERM WAS PERFORMED 21c. HOW INJURY OCCUR 21f. LOCATION STREET 27 13 19 87 d that in (my) (our) opinion DEGREE ATTENDING	200 AUTOPSY? YESY NO O CITY OR TO deoth occurred on the d	20b. IF YES, WER IN CERTIFYING YES	E FINDINGS USED CAUSES OF DEATH NO



STATE OF MARYLAND 72443 NOV 198 DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST 1. DECEASED NAME (TYPE OR PRINT) BERTHA MORYTKO 11 15 1987 7:07 4. RACE 5 DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS 3. SEX MONTH YEAR 01 1913 Female Cauc. 11 BALTIMORE CLTY OR COUNTY OF DEATH 70. BIRTHPLACE 7h CITIZEN OF WHAT COUNTRY? / STATE OR FOREIGN MARRIED NEVER MARRIED COUNTRY Poland U.S.A. WIDOWED X DIVORCED | 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 175 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) LTYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY 5700 Boston Avenue 21222 Baltimore Retired A.M.A Clothier DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 130. STATE 13b COUNTY 13c CITY OR TOWN 113d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 6700's Boston Avenue 21222 Baltimore Maryland YES X 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE LAST FIRST John Milos Unknown 17. INFORMANT ADDRESS 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 213-12-3894 Mrs. Alvina M. Kornak - 6700 Boston Ave. 18 CAUSE OF DEATH (Enter only one couse per lute to) (a) (b), and (c). PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (O CONSEQUENCE OR assum Conditions, if ony, which gove rise to immediate DUE TO, ORAS A CONSEQUENCE OF cause (a), stating underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT MOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20b. IF YES, WERE FINDINGS USED CONDITION FOR WHICH OPERATIONAWAS PERFORMED 70a AUTOPSY? 190 DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? o d NO NO [Mental Hygi 21h TIME OF INJURY THE HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) 00 HOUR A.M. MONTH YEAR OR CONTRIBUTING CAUSE OF DEATH Hem MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) PM 19 TIE PLACE OF INJURY TH LOCATION 214 INJURY OCCURRED 5 COUNTY CITY OF YOWN STATE AT HOME STREET VACTORY, OFFICE FARM ETC.) 17s.1 certify that (I) (this hospital) attended the deceased from eceased alive on and that in (my) (our) opinion death occurred on the date and hour and from the courses stated DEGREE 7% DATESIGNED 22h SIGNATUR ± ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN be detor FUNERAL MPORTANT 27d PHYSICIAN'S NAME LITYPE OF PRINT 77e ADDRESS d of 3201 N. Charles Street - Baltimore, Md. 2121 Robert Martin, M.D. 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 23a BURIAL CREMATION, REMOVAL 23b. DATE CITY OF LOWN (SPECIFY) COUNTY 11/19/87 Sacred Heart of Mary Baltimore. BP Burial Md. 250, DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 50M 1/81 Walter Dabrowski - 1005 Dundalk Avenue (VRA 15, 4) 21224

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 071255 NOV -8 67 REGISTRAR CERTIFICATE OF DEATH LAST 1. DECEASED NAME (TYPE OR PRINT) Katherine B. Mueller 3 SEX 4 RACE 6. AGE (IN YEARS LAST BIRTHDAY) 5 DATE OF BIRTH IF UNDER 1 YEAR Female. White Jan. 6. 1899 To. BIRTHPLACE (STATE OR FOREIGN TE CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED Hungary U.S.A. Baltimore County WIDOWED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a. USUAL OCCUPATION 126 KIND OF BUSINESS OR "Summitt Nursing Home INDUSTRY Housewife Catonsville JOUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Mary Land 136 COUNTY 13c CITY OR TOWN 13e.STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? Baltimore Upperco 3610 Black Rock Rd 21155 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE John Beck Katherine 17 INFORMANT ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO Frederick Mueller 4001 Dee Jay Dr Ellicott (IF YES, GIVE WAR OR DATES) 212 16 0065 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o Conditions, if ony, which gove rise to immediate couse (o), stating underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 196 CONDITION FOR WHICH OPERATION WAS PERFORME 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOI NO [] Hygie 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER! P.M 21d INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY CITY OR FOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive on. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death 226. SIGNATURE 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS should by 0 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 236. DATE (SPECIFY) Elkridge, Howard, Maryland 7, 1987 Meadowridge Burial Nov 24 FUNERAL DIRECTOR Harry H Witzke Funeral Home Inc DHMH - 16 60M 7/84 4112 Old Columbia Pike Ellicott City (VRA 15, 4)

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Page 4 I		-	W	NONTH MONTH	21 0	3 83	YRS.	DAYS HOURS MIN.
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OR A DIREC DOREC DOREC Dept.		226. SIGNATURE			DEGREE		22	C. DATE SIGNED
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TO HOSPITAL Oretoined by the TO FUNERAL B should be detoined with the State D IMPORTANT: #		KENIN +	1. MILLER,	MD	>1 20	SEPH HOSPIT	AL I BAL	TIMORE, MD
5 6 5 2 3 ₹ 2	23	BURIAL, CREMATION, REMO			METERY OR CREMA		1 - D-140UN	TY Manage TSIALE A
BP		Burial	12/03/87	Druid R	idge Cemet			Maryland
DHMH - 16 60M 7/8		FUNERAL DIRECTOR	ADD	RESS		50 DATE REC'D. BY REGISTRA		
(VRA 15, 4)		Burgee-Henss Fu	neral Home 3631	Falls R	d. 21211	DEC - 9 1987	floorde	con. Rendals

STATE OF MARYLAND

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) ESTI-MARY NEEDLEMAN DEATH MATED 4. RACE 5. DATE OF BIRTH 6. AGE IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. DATE 2d HOUR PRONOUNCED CAUCASIAN MAY 10,1925 62 FEMALE 11-18-8719 5:35P To BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Baltimore County MARYLAND U.S.A. DIVORCED 11 NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 20. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY Lynne Haven Drive 21207 HOUSEWIFE AT HOME USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13d INSIDE CITY LIMITS? 13c. CITY OR TOWN 13e. STREET ADDRESS 4705-C GATEWAY TERRACE 21227 BALTIMORE BALTIMORE NO X MARYLAND 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST FIRST ROSE LESSER **ADELMAN** HARRY 6a. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO 17 INFORMANT 2122 Fess HERMAN LESSER 4705-C GATEWAY TERRACE 218-16-2379 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Arteriosclerotic cardiovascular disease ED AS A BURIAL - TRAI STI PERM HEALTH AND MENTAL HYGIENE IL CREMATION, OR REMOVAL IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) USED / 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? EXECUTE THE CERTIFICATE, WRITING THE WORD "P PAGE 4 SHOULD BE FORWARDED TO THE CHIEF I TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BALLIMORE, MARYLAND, 21201 PRIGR TO BURIAL, YES X 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 21f. LOCATION STREET, FACTORY, FARM, FTC.) STREET CITY OF TOWN COUNTY NOT WHILE AT WORK AT WORK 220. I certify that I took charge of the remains described above, held an Undetermined manner TITLE (SPECIFY) Aggistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME Margarita A. Korell, M. Pores 111 Penn Street (TYPE OR PRINT) 23d LOCATION 230. BURIAL, CREMATION, REMOVAL 23b DATE 23c. NAME OF CEMETERY OR CREMATORY STATE BURIAL 11/20/87 ANSHE NEISEN CEMETERY MD ROSEDALE BALTO 07/84 24. FUNERAL DIRECTOR SOL LEVINSONADE SSBROS., INC. 25M 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** Julia Devideon. 6010 REISTERSTOWN RD, BALTIOMRÉ, MD 21215 (VR A15 ME (5)

STATE OF MARYLAND

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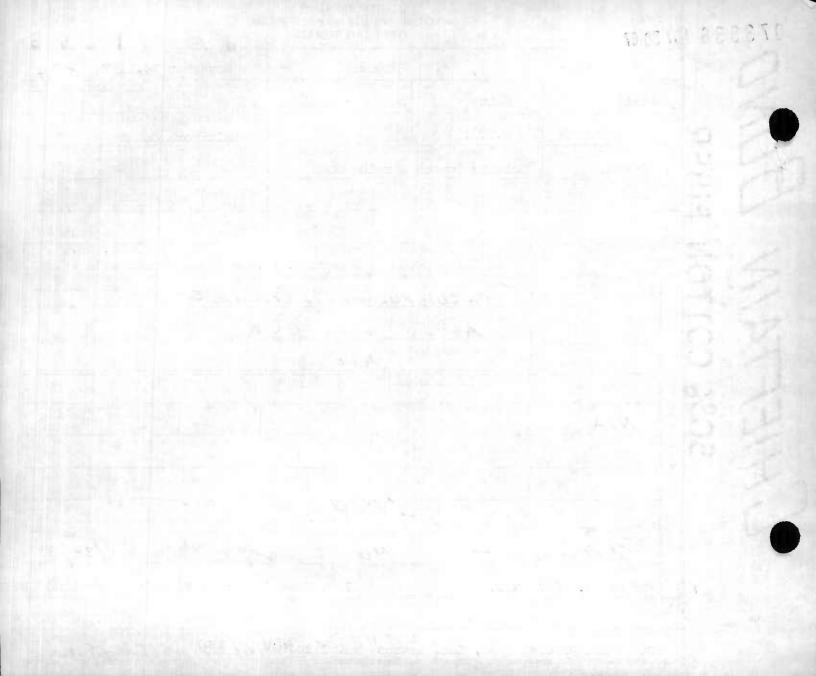
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	Towson			11. NAME OF HOSPITAL, NURSING H (IF NOT IN SUCH FACILITY, GIVE STREET ADDR Dulaney Towson N		NUES:		120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) HOmemaker 17b. KIND OF BUSINESS OR INDUSTRY OWN Home				R
5	13a S	JAL RESIDENCE (IF NURSING HOME OF STATE Maryland Balt		ROTHER INSTITUTION GIVE RESIDENCE BEFORE NITY LIMOTE TOWSON			13d. INSIDE CITY LIMITS? YES NO X	13e.STREET ADDRESS / ZIP CODE 110 Linden Terrace 2120			21204	
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		18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: One of the control of the										
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7		ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 1 1226 ADDRESS									-1/0/	_
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L	Robert W. Lisle M.D. 57 W. Timonium Road, Timonium, I										yrand 2	=
		C DEC (Fall)					ey Valley Timonium, Balto., Md.					
		UNERAL DIRECTOR			ADDRESS	1050	York Rd. 250 DAT	E REC'D. BY REGISTRA	1 .			
	Ru	ıck Towson	Julia Di	cordern. K	undaze.							

DHMH - 16 60M 7/84 (VRA 15, 4)

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Julia Dividson Rondallo

Leonard J. Ruck Inc. Baltimore, Maryland

(VRA 15. 4)

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<u>-</u>		Colonio Ku	im)			ATTENDING PHYSICIAN [MEDICAL STA	FF CIANVEN 11	1/8/87
3 /		224 PHYSICIAN NAME LIVE	The state of the s			22e ADDRESS		14.	10101
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1	23a E	URIAL, CREMATION, REMOVA		230	NAME OF C	EMETERY OR CREMATORY	1734 LOCATION		
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STATE OF MARYLAND

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	ooth.	3	ARYLAND	U.S.A	WIDOWED	DIVORCED	BALTIM	ORE P	CUNTY	MD.
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	A Son B		22d. PHYSICIAN'S NAME TYPE OF PR		1	22e ADDRESS	20-01	14. 4.		
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			SPECIFY)	-	NAME OF CE	METERY OR CREMATORY	23d LOCATION	0 0	OUNTY	STATE
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	DHMH - 16 50M 1/B1 (VRA 15, 4)	74 F	JNERAL DIRECTOR		33 -		REC'D. BY REGISTRAR	ZOD REGISTRAR	SIGNATURE	S. A. E. L.
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 073375 NOV B TATE REGISTRAR CERTIFICATE OF DEATH 1. DECEASED NAME (TYPE OR PRINT) ANNA MARIE 3. SEX 5. DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR VEAR BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE ISTATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY Baltimore USA. Maryland WIDOWED DIVORCED | HT CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 17a USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Baltimore County General Hospital Housewife Home Making BALTIMORE, MARYLAND 21201 Randallstown 136 COUNTY 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Baltimore 11 Cherry Hill Rd. 21136 Maryland Reisterstown YES [4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Kreutzer Millesr Christian Mary 2317 Erin Rd. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO 17. INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 212-74-5328 Ambrose J. Novak Sykesville, Md. 21784 No APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: ARDIO RESPIRATORY ARREST DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., DUE TO, OR AS A CONSEQUENCE OF MYOCARDIAL INFARCTION Conditions, if any, which gave rise to immediate couse (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 196, CONDITION FOR WHICH OPERATION WAS PERFORMED 20e AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? pe ond Mentol Hygiene certificate 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 211. LOCATION 214 INJURY OCCURRED 21e. PLACE OF INJURY ŏ CITY OR TOWN COUNTY STATE (AT HOME STREET, FACTORY, OFFICE, FARM ETC.) NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from saw the deceased alive on. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death 22b. SIGNATURE DEGREE 22c DATE SIGNED MEDICAL ATTENDING PHYSICIAN [DIRECTOR PHYSICIAN MPORTANT: 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS should be with the 230 BURIAL CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION Noy. 25, 1987 Dulaney Valley Mem.Gardens Timonium, Baltimore MD BP Buris Eckhardt Funeral Chapel 250, DATE REC'D. BY REGISTRARI256, REGISTRAR'S SIGNATURE DHMH - 16 50M 1/81

Owings Mills, Md. 21117

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24 FUNERAL DIRECTOR

Leonard J. Ruck, Inc. 5305 Harderd Rd. Balto.

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH 76 HOUR (TYPE OR PRINT) **ORGANT** 10:20a Daniel 0. November 1, 1987 6. AGE (IN YEARS LAST BIRTHDAY) 3 SEX 4 RACE 5 DATE OF BIRTH JE LINDER LYEAR IF UNDER 24 HRS April 24 1912 Male White BALTIMORE CITY OR COUNTY OF DEATH O. BIRTHPLACE (STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? MARRIED THEVER MARRIED COUNTRY) Baltimore County Pa. USA DIVORCED [WIDOWED M CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 126 KIND OF BUSINESS OR Franklin Square Hospital TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Rossville Retired -Beth Steel UAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) I STATE 136 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 1569 Williams Ave. 21221 Md. Balto. Essex MAFATHER'S NAME 15. MOTHER'S MAIDEN NAME Coli MIDDLE MIDDLE LAST FIRST 0. Organt 68 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) HE YES, GIVE WAR OR DATEST 200-05-0064 Dolores Organt 1569 Williams Ave. 21221 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I, DEATH WAS CAUSED BY: ARDIOPULMONARY munedia IMMEDIATE CAUSE IO GASTROENTESTINAL BLEED Conditions, if ony, which gave rise to immediate couse (0), stoting the DUE TO: OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG CERTIFICATION 206. IF YES, WERE FINDINGS USED 198 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY IN CERTIFYING CAUSES OF DEATH? NON Нув 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) PM 21d. INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY STREET CITY OR TOWN COUNTY STATE AT HOME, STREET FACTORY, OFFICE, FARM, ETC.) rked WHILE NOT WHILE 22a.1 certify that (1) (this haspital) attended the deceased from saw the deceased all and that in (my) (aur) apinion death occurred on the date and hour and from the causes stated above, (1) (well did (did no the bady after death 77h SIGNATURE DEGREE ATTENDING MEDICAL should be determined the Stote DIRECTOR | PHYSICIAN 406 Eastern Blvd. Balto., 21221 Gauhar, M.D. Naeem 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 230 BURIAL, CREMATION, REMOVAL I SPECIFY) 11/5/87 Morelands Memorial Burial Baltimore Maryland 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE PROJECT 24. FUNERAL DIRECTOR DHMH - 16 60M 7/B4 (VRA 15, 4)

STATE OF MARYLAND

ZEN-101 BH 36 ZE with your & with I will should be to the good of the group of The disert party beautiful the district of the

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO 7. DECEASED NAME 20 DATE KNOWN (TYPE OR PRINT) ESTI-Nellie N. Ort DEATH MATED 4. RACE 3 SEX 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. JE UNDER 24 HRS 2c. DATE PRONOUN AST BIRTHDAY Female White Sept. 28,1913 To BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED XX NEVER MARRIED FOREIGN COUNTRY) Baltimore County Kentucky U.S.A. DIVORCED WIDOWED ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS 133 Greenmeadow Drive Retired Western Electric Timonium USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Maryland Baltimore Timonium 13d. INSIDE (ITY LIMITS? VIS. STREET ADDRESS 133 Greenmeadow Drive 21.093 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Sarah MIDDLE Arthur Nichols Willis 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16b. SOCIAL SECURITY NO. ADDRESS (YES, NO. OR UNKNOWN) I HEYES GIVE WAR OR DATES Frank E. Nichols, 2125 Wilker Ave. 21234 290-07-9940A NO 18. CAUSE OF DEATH (Enter only one cause per line for 16), (b), and (c PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o. DUE TO, OR AS A CONSEQUENCE O Conditions, if ony, which gave rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE DR CONDITION GIVEN IN PART 1 (6) CERTIFICATION 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IB PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR UNDERLYING CONTRIBUTING CAUSE OF DEATH P.M. 214 INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 211 LOCATION STREET, FACTORY, FARM, ETC.) STREET WHILE CITY OR TOWN COUNTY WHILE AT WORK EXECUTE THE CENTER FORW PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR, PATER DEATH, WITH THE STRAIGHORE, MARYLAND, SALITMORE, MARYLAND, SAL Inspection 220. I certify that I took charge of the remains described above, held an Autopsy Inquiry ond in my opinion deoth resulted from: __ Natural causes Hamicide Undetermined manner EXAMINER'S NAME Charles F. O'Donnell 7501 York Road, Towson, Md. 21204 (TYPE OR PRINT) ADDRESS 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY Timonium, 11-10-87 BP Burial Dulaney Valley Gards 24 FUNERAL DIRECTOR 1050 York Rd Ruck Towson Funeral Home, Inc. Towson, Md. **DHMH-17** Dearders. (VR A15 ME (5)) 15M 2/80

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oy be		CEASED NAME FIRST OR PRINT)	N A.	ОТ	ro TO	20 DATE OF DEATH	11 07	87	7:10P M
mer mo)	3. SE	ÌALS	1 RACE WHITS	5. DATE O	DAY YEAR	6 AGE (IN YEARS LAST BIR	YRS.	THS DAYS	IF UNDER 24 HRS
1 135	70 B	RTHPLACE (STATE OR FOREIGN COUNTRY)	V . S . A.	MARRIED WIDOWE	NEVER MARRIED DIVORCED	BALTIMORE CITY C	E Cou	(Tre	MD
156	I	OWSON	11. NAME OF HOSPITAL, NI (IF NOT IN SUCH FACILITY, GIVE 6701 N. CHARI	STREET ADDRESS)	G.B.M.C.	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST O	ION OF WORKING LIFE)	126. KIND OF INDUSTRY	BUSINESS OR
14 435	130	ALRESIDENCE (IF NURSING HOME OF STATE 136 COUR ARY LAND BAY	ROTHER INSTITUTION GIVE RESIDENCE NTY PARK		13d INSIDE CITY LIMITS? YES NO	13. STREET ADDRESS	ZIP CODE	ST A	234 VŽ
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e offerdin move continuentes oc-		Conditions, if any, which gave rise to immediate	DUE TO, OR AS A CONS	SEQUENCE OF					
se that the by the please rearral, creation, and the control of th		cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT (DUE TO, OR AS A CONS		NOT BELATED TO THE TER	MIN AL DISEASE OR CON	IDITION GIVEN	IN PART 110	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ING PHYSICIAN: The low requires that the death of a retificate has been signed by the attention os the buriot-transit permit. Then please remove could the and Mental Hygiene prior to burial, cremation of orked or flem, 8 shows any injury, or ather Haumate.	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR W			200 AUTOPSY?	20b. IF YES, WIN CERTIFYIN	ERE FINDING	GS USED
SION OF VITAL. PHYSICIAN: The ending physicion this certificate the the buriol-tronsit p ad Mentol Hygien d or Item 18 show		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.		H DAY YEAR	21c. HOW INJURY OCCUR				
DIVISION C NDING PHYSIC No ottending R: After this cer use as the burio dealth and Ment is marked or Itel	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET FACTORY O	OFFICE, FARM ETC.)	211 LOCATION STREET	CITY OR TO	NWC	COUNTY	STATE
TTEND priol o TOR: / for use of Hea		220.1 certify that (I) (this hasp saw the deceased alive on above, (I) (we) (did) (did no	11///	. 19 <u>. 8</u> , or	d that in (my) (our) opinion	to, to	late and haur ar	nd from the co	
rat OR A y the hos Aal DIREC detoched of Dept.		27b. SIGNATURE	and MD			MEDICAL STA	FF CIAN 🗌	226. DATE S	1GNED 7-87
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	FOR STATE	D	EPARTMENT OF HEALT	MARYLAND IH AND MENTAL HYGI TE OF DEATH			0 5
NOV ID	REGISTRAR DELEASED NAME	FIRST MIDDLE	LAST	TE OF PEATIT	70. DATE OF DEATH MONTH	DAY YEAR 21	b HOUR
	TYPE OR PRINT)				November 7.19		HOOK
3	SEX	ander Bernard	Page Sr		6. AGE (IN YEARS LAST BIRTHDAY)		M FUNDER 24 HRS
	Male	White	May 18.	1896 YEAR	91 yr:		HOURS MIN.
70.	BIRTHPLACE (STATE OR FO	DREIGN 76 CITIZEN OF WHAT CO	UNTRY? 8	NEVER MARRIED	9 BALTIMORE CITY OR COUN		
	Maryland	U.S.A.	WIDOWED	DIVORCED [Baltimore Cou	ntv	MD.
10	CITY OR TOWN OF DEAT	H 11, NAME OF HOSPITAL,		THER INSTITUTION	12a. USUAL OCCUPATION	126 KIND OF E	SUSINESS OR
	Essex 2122				Laborer	Farm	
13		IG HOME OR OTHER INSTITUTION GIVE RESIDENT STATEMENT OF THE PROPERTY OF THE PR	OR TOWN 13d	INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CO		21221
	FATHER'S NAME FIRST	WIDDLE	15. /	MOTHER'S MAIDEN NAA	MIDDLE	LAST	
L	Fra			Julia	Maklowsk		
160	(YES, NO OR UNKNOWN)	(IF YES, GIVE WAR OR DATES)		INFORMANT		ue Grove R	
	Yes	WW 1 219	10 8062 A1	exander B.	Page 111 Essex		
1	PART I. DEATH WA	I (Enter only one cause per line for (a AS CAUSED BY). MMEDIATE CAUSE (b).	copulmon	ary am	ect	BETWEENONS	SET AND DEATH
	Conditions, if any, gove rise to imm cause (a), stating	DUE TO, OR AS A GO which ediate DUE TO, OR AS A GO	INSEQUENCE OF	ic cardion	vascular disec	no year	5
П	underlying couse	lost. (c)					
Z		PE CONCOE	ING TO DEATH BUT NOT	RELATED TO THE TERMI	NAL DISEASE OR CONDITION	GIVEN IN PART 1 0	
CERTIFICATION	190 DATE OF OPERAT	ON 196 CONDITION FOR	WHICH OPERATION W	AS PERFORMED		YES, WERE FINDING RTIFYING CAUSES OF YES	
	an community of C	AUSE OF DEATH HOUR A.M. MON		. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM	18 PART I OR PART 2)	
MEDICAL	21d INJURY OCCURRI	E T (AT HOME, STREET, FACTOR		LOCATION	CITY OR TOWN	COUNTY	STATE
	sow the decease	the hospital attended the decease d glive on 100 did not view the body after deal		ot in (my) Loof opinion o	, to PCPN		ot (It (me) lost uses stated
	27h. SIGNATURE	Weisbrot	L DEG	ATTENDING	MEDICAL STAFF	11/7/	87
1	27d PHYSICIAN'S NA		22e	ADDRESS 406	Factern Elu	9. 12	

DHMH - 16 60M 7/84 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL (SPECIFY) 11/10/87 Bel Air Memorial 24 FUNERAL DIRECTOR Bruzdzinski Funeral Home PA 1407 Old Eastern AVNOV

23b. DATE

23¢ NAME OF CEMETERY OR CREMATORY

Harford County Maryland

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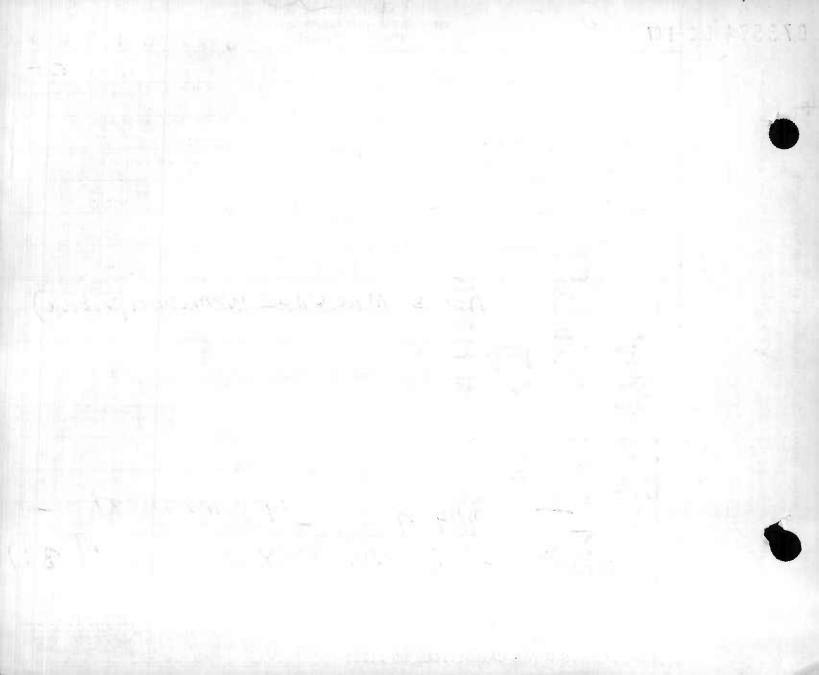
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR AT BICEASED NAME YEAR YPE OF PRINTS poge Glenn MARTIN Parker 87 6:42 A RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF LINDER 24 HRS 3 SEX MONTH YEAR 1929 Male Whi.te Sept. To BIRTHPLACE I STATE OF FOREIGN THE CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED TO NEVER MARRIED COUNTRY Maryland WIDOWEDE DIVORCED [Baltimore County III. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFET INDUSTRY Machinist Greater Baltimore Medical Center Towson USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 1136 COUNTY 13c. CITY OR TOWN 13e.STREET ADDRESS / ZIP CODE 113d INSIDE CITY LIMITS? Parkville 8528 Harris Ave. 21234 Maryland Baltimore NO TOTAL 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE LAST FIRST MIDDLE William Parker Marie Ert1 ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Mrs. Ada M. Parker Yes 217-24-5985 Same as #13e Korean APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Metastatic lung CA DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a), stating the DUE TO OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOL YES [710 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION ò CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from November 5 November saw the deceased alive an November 12, abave, (h) (we) (did) (did not) view the land after dec 87 , and that in (my) (aur) apinian death accurred an the date and have and from the causes stated DEGREE ATTENDING DIRECTOR PHYSICIAN FUNERAL PHYSICIAN THE PHYSICIAN'S NAME LIVE ON POOR 22e ADDRESS TO FUNE should be with the IMPORT 230. BURIAL CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23d, LOCATION 236. DATE STATE 11-17-87 Dulanev Vallev Timonium, Balto, Burial 25a. DATE REC'D. BY REGISTRAR 25b REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR 21214 DHMH - 16 60M 7/84 5305 Harford Rd. (VRA 15, 4) Leonard J. Ruck, Inc.

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PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22s. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22e. ADDRESS FRANCIS SCOTT KOY 23c NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery 230. BURIAL CREMATION REMOVAL Baltimore [SPECIFY] KM Burial 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE George J. Gonce 4001 Ritchie Wigwy Balto Md dia Divideon Parlace

26. HOUR

17h KIND OF BUSINESS OR

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Burnie Md 21061

Restaurant

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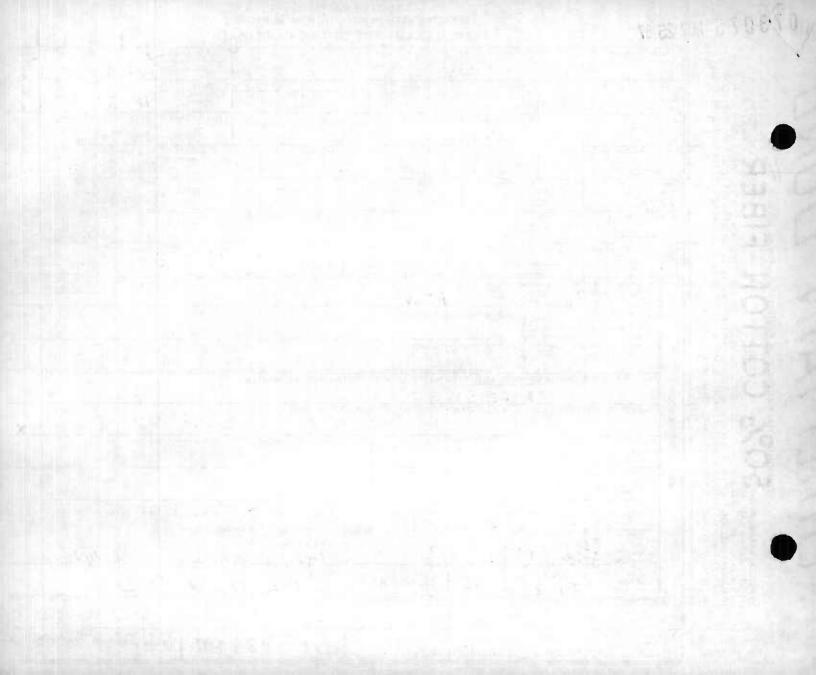
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STATE OF MARYLAND 07.3075 NOV 25 87 DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. N L DECEASED NAME (TYPE OR PRINT) OF DELAY IS NECESSARY, PLEASE 3 TO THE FUNERAL DIRECTOR. IN PAGE 5 FOR YOUR FILES. 9 BFWILED. IIIIII HOURS RDS, 20 W. PHES. IN STREET, Catherine Penn ESTI-Agnes DEATH MATED 4. RACE DATE OF BIRTH 2d HOUR 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2c. DATE MONTH LAST BIRTHDAY) 30 PRONOUNCED 48 6 39 White Female. DEAD 190 To. BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED FOREIGN COUNTRYS United States Maryland WIDOWED DIVORCED Baltimore County D. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 12h KIND OF BUSINESS F NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 2050 Summit Avenue Apt. J Mail Clerk-Social Security Adm. Woodlawn USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Woodlawn 13. STREET ADDRESS 2050 Summit Avenue 13b. COUNTY 13d. INSIDE CITY LIMITS? SHO! Baltimore NOXX 21207 Maryland 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Gernert James Carson Mildred Spence 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 7. INFORMANT Mr. Larry E. APenn ED AS A BURIAL - TRANSILYERMIT, PAGES HEALTH AND MENTAL HYGIENE, DIVISION AL, CREMATION, O'R REMOVAL. IYES, NO, OR UNKNOWN) 21207 219-36-4718 Baltimore, MD. 2050 Summit Ave. . no 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). APPROXIMATE INTERVAL PRESTON ST. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gove rise to immediate cause (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last PART 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE DR CONDITION GIVEN IN PART 1 (c) CERTIFICATION ABETE USED OF HE 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? PAGE 4 SHOULD BE FORWARDED TO THE CHEFTO FUNKAL DIRECTOR, PAGE 3 SHOULD BE USED AFTER DEATH WITH THE STATE DEPARTMENT OF HE BALTIMORE, MARYLAND, 21201 PRIQR TO BURIAL OF VITAL 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 216 HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 WRITING THE HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 21d. INJURY OCCURRED 21f. LOCATION STREET, FACTORY, FARM FIC.I STREET CITY OF TOWN STATE COUNTY WHILE AT WORK 22s. I certify that I took charge of the remains described above, held an Inspection death resulted from: Notural couses R Homicide Undetermined monner TITLE (SPECIFY) SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY Baltimore Baltimore Lorraine Park Cemetery 11/25/87 Buria1 07/84 BP. 24 FUNERAL DIRECTOR Loring Byers Funeral Directors, Inc | 250 DATE REC'D. BY REGISTRAR 25M 256 REGISTRAR'S SIGNATURE **DHMH - 17** 8728 Liberty Road Randallstown, MD (VR A15 ME (5))



STATE OF MARYLAND

23c NAME OF CEMETERY OR CREMATORY

DHMH - 16 60M 7/84 (VRA 15, 4)

WILLIAM E. JOHNSON 8521 LOCH RAVEN BLVD

230. BURIAL, CREMATION, REMOVAL 23b. DATE

BURIAL

24 FUNERAL DIRECTOR

IVY HILL CEMETERY LAUREL, MARYLAND

23d LOCATION

071326 NOV 1087 - Message News

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH @ REGISTRAR I DECEASED NAME (TYPE OR PRINT) ESTHER MARY PERKINS November 26,1987 5:10RM 4. RACE 3. SEX 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS Female White March 24,1905 BALTIMORE CITY OR COUNTY OF DEATH 70. BIRTHPLACE I STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Baltimore County Kentucky U.S.A. WIDOWED ID. CITY OR TOWN OF DEATH 1. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFET INDUSTRY Manor Care Ruxton Towson Homemaker Own Home USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 136 COUNTY 13e STREET ADDRESS / ZIP CODE Baltimore 4300 Roland Ave., 21210 Maryland FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE LAST FIRST MIDDLE C. Shaw George Tda Adams ADDRESS 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT (IF YES, GIVE WAR OR DATES) 217-22-3507 Warwick Perkins Same APPROXIMATE INTER PART I, DEATH WAS CAUSED BY. omen IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSPOUENCE OF " ortener Conditions, if any, which gove rise to immediate cause (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2 THE ER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 190 DATE OF OPERATION 20n AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO Hygie 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM \$8 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY CITY OF TOWN AT HOME STREET FACTORY OFFICE FARM, ETC.) NOT WHILE 220. I certify that (1) (the haspital) attended the deceased from saw the deceased alive an 25 NOVEMBER 19 above, (1) (westedd) (did not) view the body after death. and that in (my) (asso) apinian death occurred an the date and havi and fram the causes stated 226. SIGNATU DEGREE 22c. DATE SIGNED MEDICAL ATTENDING Nov. 27, 1987 PHYSICIAN DIRECTOR PHYSICIAN 224 PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS Dr. Charles E. Ellicott 1134 York Rd. Lutherville, Md. 21093 23a BURIAL, CREMATION, REMOVAL 236 DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION Baltimore., Cremation 11 - 27 - 87GreenMount 24 FUNERAL DIRECTOR DHMH - 16 60M 7/84 Henry W. Jenkins & Sons (VRA 15, 4)

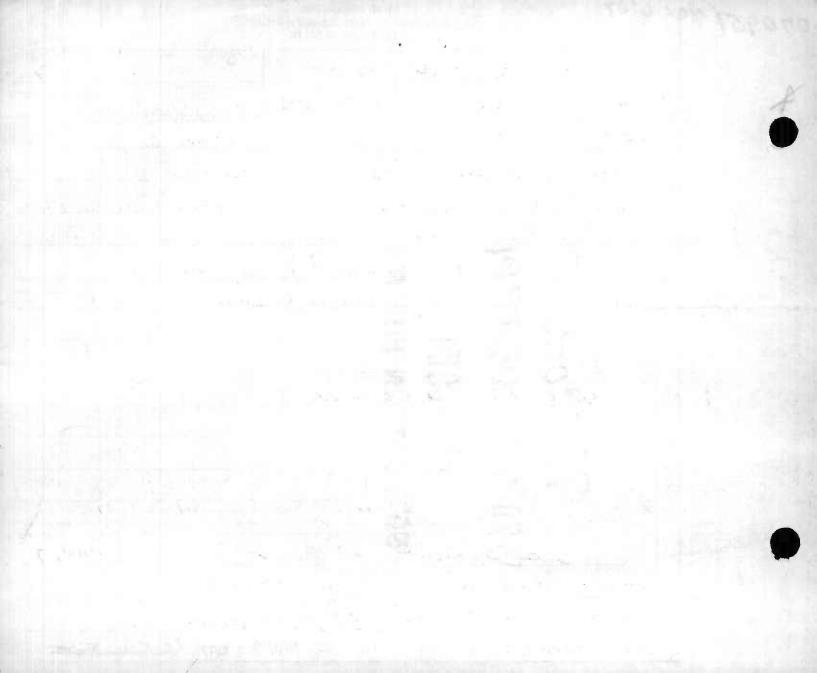


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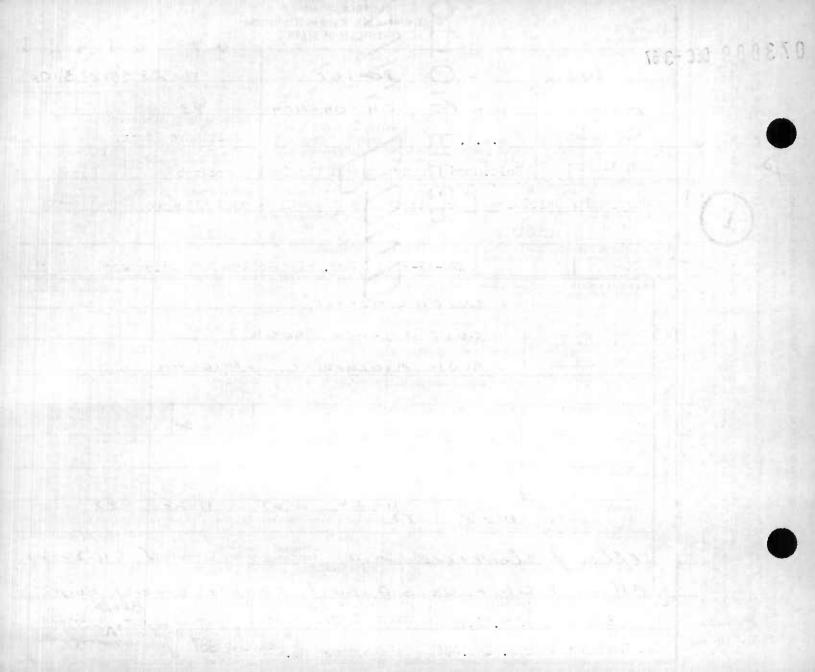
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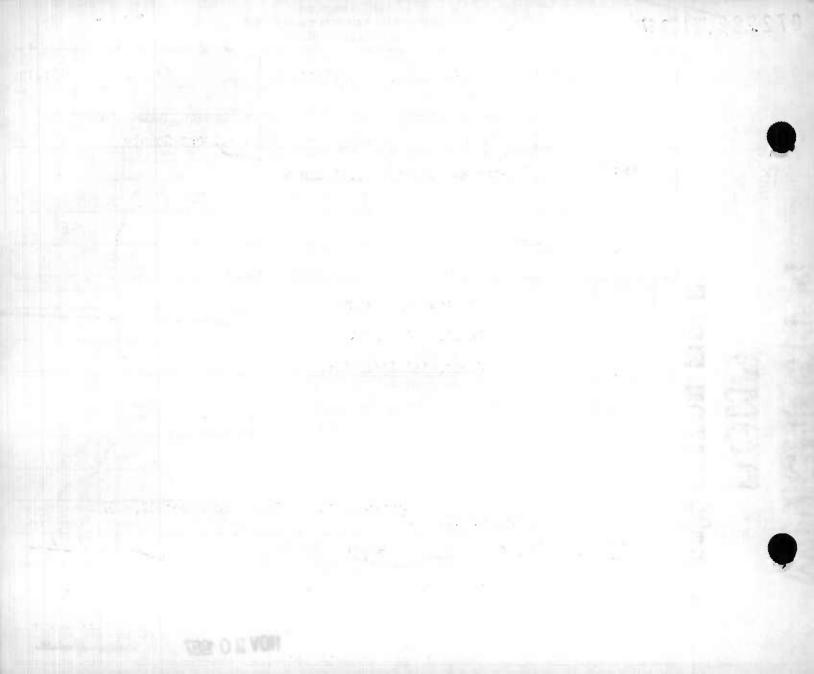


STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	u	REGISTRAR				CERTIF	ICATE OF DEATH	REG. I	10	1 4	2)	
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	Ru	uck Towson	Fune	ral Home	ADDRESS	_	, Md.21204	A S O 1987	July . Ma	Anger-	andell	

DHMH - 16 60M 7/84 (VRA 15, 4)



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os the th ond orked o	2	WHILE NOT WHILE] [(Al nome, si	REET, FACTORY, OFFICE, F	ARM, ETC.)							
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- 11		obove, (I) (we) (did) (d					opinion de	edin occorred on the	dore dila ficor			ea
rat OR ATTEN y the hospitol tal DIRECTOR: detached for us of Dept. of He IT: If them 21 is		226. SIGNATURE	10	0 /		DEGREE			le le	22c. DATE	SIGNED	
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the the		Carla	a S. Alexa	nder, M.D).			Maris Ho				
should be deto	_					Dulanc	v Valle	y Rd 1	'owson,	MD 212	204	
5 - 2 > 5	23a.	BURIAL, CREMATION, REMO	OVAL 236. DATE			EMETERY OR C	REMATORY		nore Ci			3. ·
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1679 NOV	- STATE	G-633, by F /Gbj. DEP	. H . , STATE OF MARYLAND ARTMENT OF HEALTH AND MENTAL I CERTIFICATE OF DEATH	HYGIENE BEG. NO.	1427
* **	PECTASED NAME FIRST	JOHN MIDDLE I	PRUSSING	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
deo deo	J. SEX	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS (AST BIRTHDAY)	IF UNDER TYEAR IF UNDER 24 HR
, 4 94 /	male	WHITE	Nov. 18, 1923	63 YRS	MONTHS DAYS HOURS MI
4 16 85	Maryland	16. CITIZEN OF WHAT COUN	TRY? 8 MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COUNTY	OFDEATH
ofter de	TOWSON,	11. NAME OF HOSPITAL, NI JENOX IN SUCH ACILITY, GIVE	JRSING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF ENGINEER SUPER	126 KIND OF BUSINESS C INDUSTRY
74 hours	USUAL RESIDENCE (IF NURSING HOME C 130 STATE Maryland	OR OTHER INSTITUTION GIVE RESIDENCE	BEFORE ADMISSION)		
1 12 10	14 FATHER'S NAME	MIDDLE LAS	15. MOTHER'S MAIDEN	NAME	
1 1110	John		sing, Sr Mary		Bachmann
udo do por	WAS DECEASED EVER IN U.S. A (yes, no or unknown) Yes WW	IVE WAR OR DATES)	SECURITY NO. 17 INFORMANT 8-5227 Margaret	Shinni ADRESS G. Schinnick -1111	21204 Ryegate Rd.
The foe require that the death certification. The form the region of the other form of the form of th	Conditions, if ony, which gave rise to immediate couse (o), stoting the underlying cause last. PART 2 OTHER SIGNIFICANT Actury (S) 19a DATE OF OPERATION	DUE TO, OR AS A CONS (b) DUE TO, OR AS A CONS (c) CONDITIONS CONTRIBUTING LEELING 196 CONDITION FOR W	pulmonale EOUENCE OF THE Emphysema TO DEATH BUT NOT RELATED TO THE T denal alex E HICH OPERATION WAS PERFORMED	Perperator Failures F	VEN IN PART 1:0 S, WERE FINDINGS USED FYING CAUSES OF DEATH? S ON
SICIAN og pilytur centricol riof-fram ental Hyd	21g, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MÉDICAI EXAMIN	EATH HOUR A.M. MONTH	DAY YEAR 19	CURRED (ENTER NATURE OF INJURY IN ITEM TO I	PARTIOR PART 2}
attending the this is the bu-	(IF EITHER NOTIFY MEDICAL EXAMIN 71d INJURY OCCURRED NOTIVALIE NOTIVALIE NOTIVALIE NOTIVALIE NOTIVALIE	218 PLACE OF INJURY		CITY OF TOWN	COUNTY STATE
R ATTENDE hospital or RECTOR A had for use repl of Health	27a.1 certify that (1) (this hose sow the deceased live a above, (1) (we) (did) did r	pital) attended the deceased from No V. 57-1	.19, ond that in (my) (our) opin	7 to NOVEMBER S	19 that (1) we) If and Irom the causes stated 22c. DATE SIGNED
O HOSPITAL O Fusioned by the TO FunERAL D Involute be detected with the State D MPORTANT II	22d. PHYSICIAN'S NAME (TYPE PATRICIA S	OR PRINT)	Attendin PHYSICIAI 220 ADDRESS /2-	O SR. PIERRE D	11/5/87 RIVE 204
54 54134	23a BURIAL, CREMATION, REMOVA	L 23b DATE	23c. NAME OF CEMETERY OR CREMATO		COUNTY STATE
BP	Burial	11-9-87	Mt. Carmel Cemete	ry Balto.,	Md
DHMH - 16 60M 7/84	24 FUNERAL DIRECTOR		050 York Rd. 250 C., Towson, Md. 21204	DATE REC'D. BY REGISTRAR 256 REGIST	TRAR'S SIGNATURE



		1					STATE OF MARY	LAND				
		1	FOR				NT OF HEALTH AND		IENE			
1 2 N	I VC	B 18	7 STATE CH	narles	Jefferso	on Pugh	CERTIFICATE OF	DEATH	S RÉG	NO 4	1 4	9 8
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		1	Burial		11/19/	87 Ho	lly Hill M	emorial	Gardens	Baltimor	re Co.,	Md.
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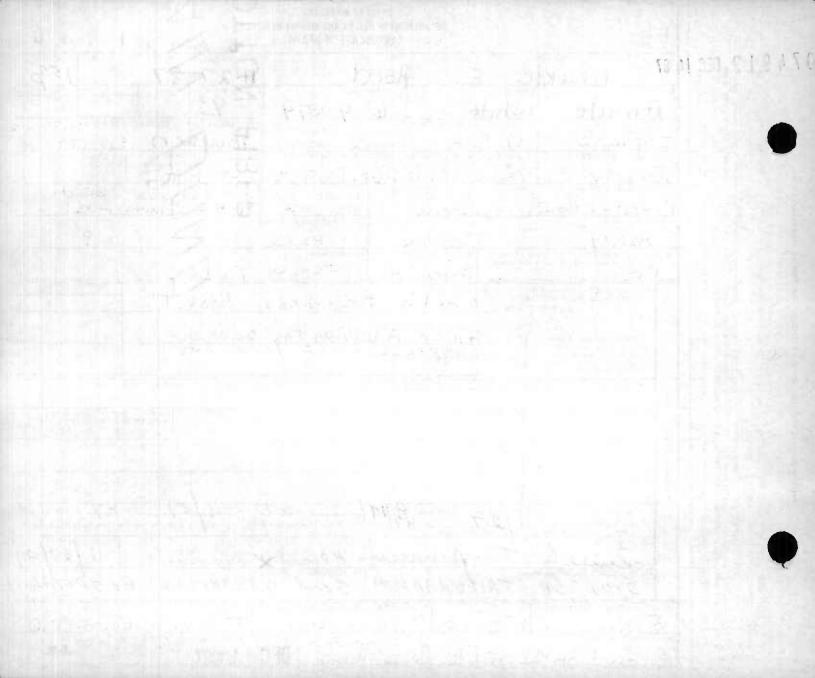
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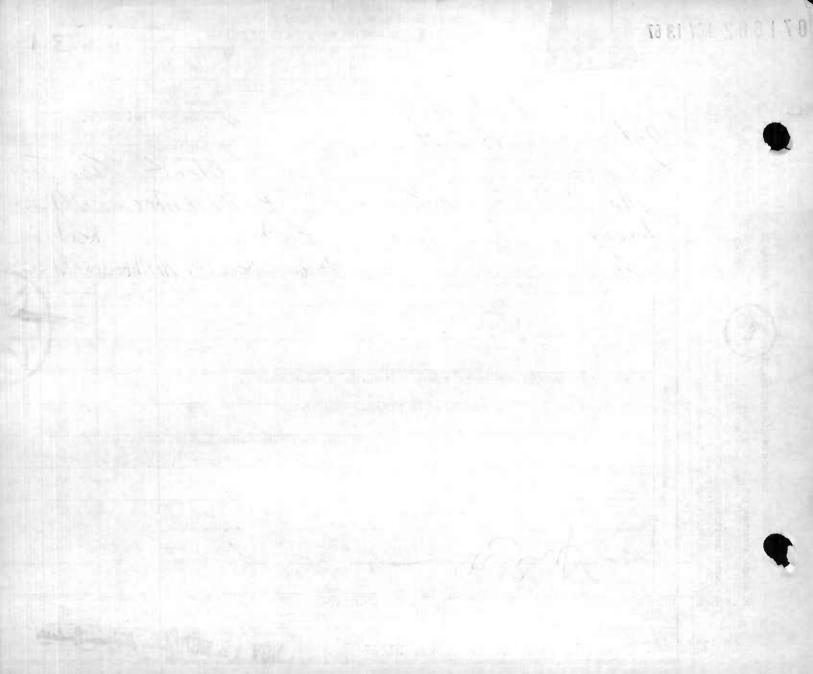
	1	FOR STATE REGISTRAR		DEPARTA	MENT OF H	EALTH AND MENTAL HYP	GIENE REG. NO.	31429
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ige 4 mc rector. p	-	EMALE	4 RACE WHIT	E	S. DATE O		6 AGE (IN YEARS LAST BIRTHDAY) 83 YI	MONTHS DAYS HOURS MIN,
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BALTIMORE, MARYLAND 21201 Thin 24 hours of the control of the con	M		DR OTHER INSTITUTION, C JINTY BALTO.	BALTO.	ADMISSION)	136. INSIDE CITY LIMITS?	130 STREET ADDRESS / ZIP C 7517 SLADE AV	
MARYL thi		ATHER'S NAME FIRST LIEBERMAN	MONF			15 MOTHER'S MAIDEN NA FIRST YETTA	WIDDLE	INKNOWN
TIMORE Page medico		WAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) NO (16 YES, G	RMED FORCES?	212-52-		17 INFORMANT 823 SUNSTRA	EARL RAFFECTESS ND RD. REISTER	RSTOWN, MD 21136 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DS, 201 W. PRESTON ST., quires that the dealt certifies signed by the attended of the please remore contaction of the please remore contaction of tendentials, are other troumatic eventions.	NOI	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR (b) DUE TO, OR (c)	AS A CONSEQUE	INCE OF	Contract of the Contract of th	winal disease or condition	
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TO HOSPITAL OR retained by the hot TO FUNERAL DIRE should be detached with the Stote Depti Mayor TANT: If her		224 PHYSICIAN'S NAME (TYPE	Giro	115		Baltin	MEDICAL STAFF DIRECTOR PHYSICIAND	11/19/8) ty Hap-
BP	1	burial, cremation, remova (specify) BURIAL	NOV.20,	1987 B	NAI IS		23d LOCATION CITY OR TOWN BALTIMORE	MARYLAND STATE
DHMH - 16 60M 7/84 (VRA 15, 4)		UNERAL DIRECTOR SC 5010 REISTERSTO	DL LEVINSONN RD.	ON & BROS			TE REC'D. BY REGISTRAR 255 REV 25 1987	GISTRAR'S SIGNATURE

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	ler o	23	(4)	10. C	ITY OR TOWN OF DEATH		HOSPITAL, NURSIN		R OTHER INSTITUTION	12a. USUAL OCCUPA		12b. KIND OF E	BUSINESS OR
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VIT	z i	care	S IS	Ü	210. ACCIDENT WAS UNDERLYING		OF INJURY A.M. MONTH D	AV VEAD	21c. HOW INJURY OCCU	JRRED (ENTER NATURE OF IN	JURY IN ITEM 18 PA	ART I OR PART 2)	
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- 2	R ATTEN	F 5 5	23		obove, (I) (we) (did) (did no	t) view he bod	ly ofter deoth.			on death accorred of the	dore ond nour		
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				230	(SPECIFY)	-				CITY OR TOWN	4	COUNTY	STATE
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STATE OF MARYLAND 071682 NOV 13 6 TATE GISTRAR DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO 1. DECEASED NAME DATE KNOWN (TYPE OR PRINT) OF ESTI-DEATH MATED G. Trov 19 6. AGE (IN YEARS 5. DATE OF BIRTH IF UNDER 24 HRS 2d HOUR DATE LAST BIRTHDAY) PRONOUNCED 12:40 Male Blk. 22-YRS DEAD 10 87 & BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNT A BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED [DIVORCED Baltimore County 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION
(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Ring Road
1/4 mi. above Philadelphia Rd. and ID. CARY OR TOWN OF DEATH OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS WAL RESIDENCE HE IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION! 136 COUNTY 3a STATE 13d. INSIDE CITY LIMITS? 13e STREET ADDRE H FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST WAS DECEASED EVER IN U.S. ARMED FORCES 17. INFORMANT SOCIAL SECURITY NO ADDRESS TYPE NO OR HINKNOWN LIF YES, GIVE WAR OR DATES 0 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Thoracoabdominal injuries DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES 1 NO [岩 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2) SHOULD HOUR A.M. MONTH DAY YEAR UNDERLYING A OR CONTRIBUTING CAUSE OF DEATH 12:04AM 11-1-19 87 Driver of auto in auto/fixed object collision 218 PLACE OF INJURY LAT HOME 211 LOCATION PAGE 4 SHOULD BE FORWARDE TO FUNERAL DIRECTOR, PAGE 3 AFTER DEATH, WITH HE STATE DE BALTIMODE MARKET AT WORK AT WHILE STREET, FACTORY, FARM, ETC.) 1/4 mi. above Philadelphia Rd. & Golden Ring road Road . Baltimore Co.MD 220 I certify that I took charge of the remains described above, held an Autopsy Accident X death resulted fram: Natural causes Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL Deputy Chiefedical EXAMINER SIGNED 11-1-87 SIGNATURE EXAMINER'S NAME Ann M. Dixon, M.D. ADDRESS 111 Penn Street, Baltimore, MD 21201 TYPE OR PRINT 230 BURIAL, CREMATION, REMOVAL 235 DATE 23c, NAME OF CEMETERY OR CREMATORY 23d LOCATION STATE Burial Baltimore, Md. 11-4-87 Mt. Auburn Cemetery 07/84 2544 250 DATE REC'D. BY REGISTRAR 25) REGISTRAR 6 SIGNA PRE 24 FUNERAL DIRECTOR Brown 1206-08 W. North Avee 21217



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9 P E	1	77a.1 certify that (I) (this ha		he described from	JE !	11 6 1001	to 1 OV	16	100/	that (I) (we) last
500		saw the deceased alive above, (1) (we) (did) (did	on OV	v ofthe death	8/.0	nd that in (my) (our) opinion	death accurred on the c	date and hour	and from the	causes stated
775		77h SIGNATURE	TILL VIEW THE DOG	surer death.		DEGREE	1		27L DATE	SIGNED
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STATE OF MARYLAND

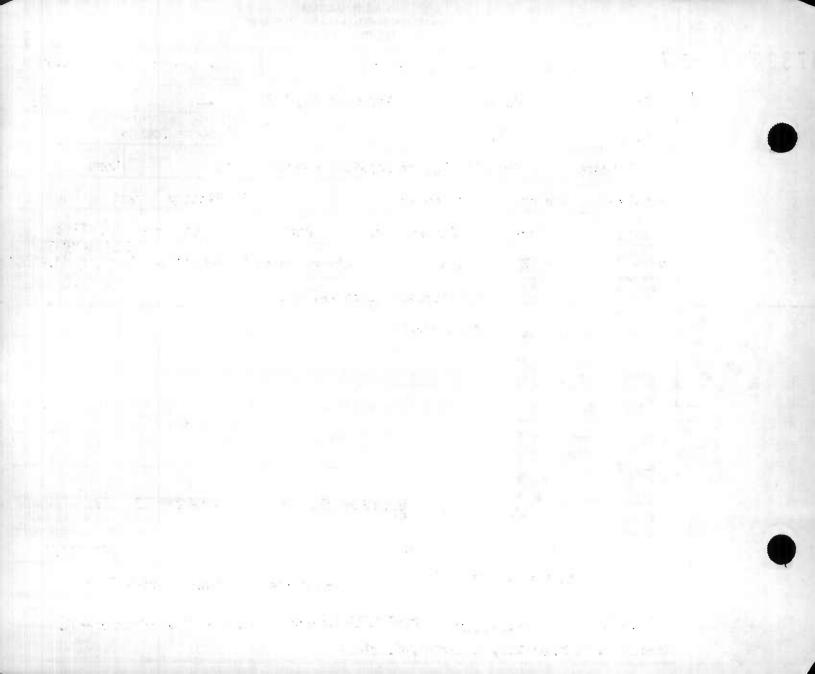
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A office.	3. 31	Female		White			ember 21, **19	87		YRS	ONTHS DAYS	HOURS 35
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BALTIMORE, MARYLAND 2120 cote be executed within 24 hours visician and completely filled in b opers. Pages 1 and 2 should be fil vol. nt, the medical examines and schools nt, the medical examines and schools	13° M	3	Harfo	rd	Aberdee	ADMISSION)	13d INSIDE CITY LIMITS? YES NO NO		REET ADDRESS Victor	zip code y Stre	et /	21001
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IVISION JG PHYSI attenthis ce s the buri	MEDICAL	21d. INJURY OCCURRI	ED	21e. PLACE (AT HOME ST	OF INJURY REET, FACTORY, OFFICE,		211. LOCATION STREET		CITY OR TO	OWN	COUNTY	STATE
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At OR A At DIRECt and DIREct Dept.		226. SIGNATURE	67	atta	wh we		DEGREE ATTENDING PHYSICIAN	MED	DICAL STA	FF CIAN []		21/87
TO HOSPIT. TO FUNER, should be d with the Sto		Isabelii	ME (TYPE OR	ttarol			9000 Fra		n Square	Drive	21237	7
	230	BURIAL, CREMATION, F			-		EMETERY OR CREMATOR		LOCATION CITY OR TOWN		COUNTY	STATE
BP	24 F	Burial UNERAL DIRECTOR	N	bv. 24	1987 Fil	ger H	11 Cemetery	HAVY	e de Gr. D. BY REGISTRAI	PCC-Ha	rtord- RAR'S SIGNA	Md ATÜRE
DHMH - 16 60M 7/84 (VRA 15, 4)	H	oward K. Mo	Comas	III, A	Abingdon,	Md. 21	L009 NU	V 2 t	1987	Julia L	cordson.	Kindasa.



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.

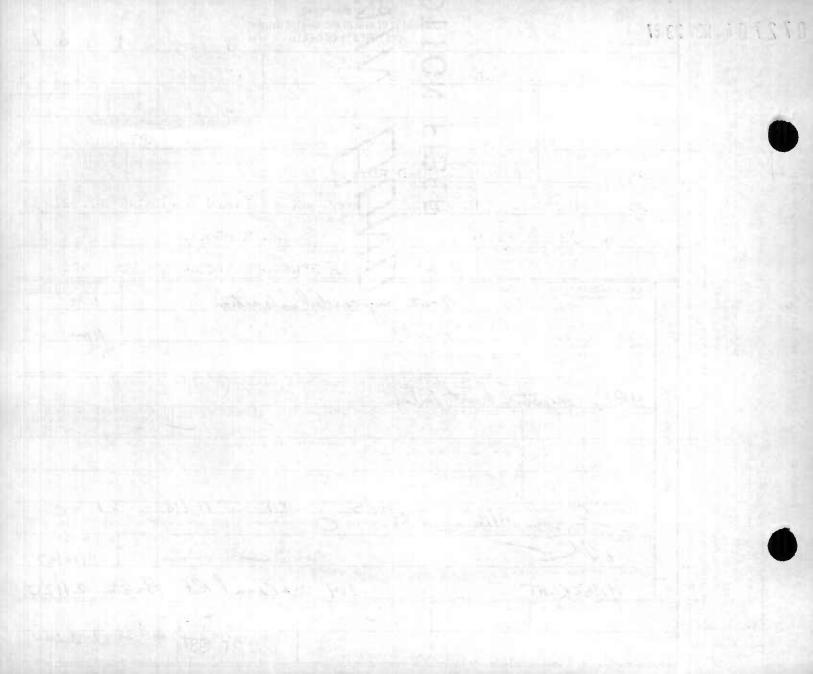
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

		CEASED NAME	FIRST		MIDDLE		AST	2	O DATE OF DEATH MON	TH DAY	YEAR	26 HOUR	
1		Ann	a	A.	Ri	emer			November 8,	1987			M
	3. SE)	Female		4 RACE	ite	S. DATE C			. AGE (IN YEARS LAST BIRTHDAY	MONTHS YRS.	DAYS	IF UNDER 24 HOURS	HRS MIN.
-		RTHPLACE I STATE OR F	OREIGN	76 CITIZEN OF	WHAT COUNTRY?	8		_ 9	BALTIMORE CITY OR CO		HTA		
S		Marvland		U.S	Α.	WIDOWE	D NEVER MARRIED		Baltimore C	ounty			
5		TY OR TOWN OF DEA	ATH	11. NAME OF	HOSPITAL, NURSIN	G HOME C	OR OTHER INSTITUTION	1	20 USUAL OCCUPATION	12b. I	(IND OI	BUSINESS	MD.
		SSEX 21221		24	Clipper R	oad	450		TYPE OF WORK FOR MOST OF WOR Housewife		iome		
5	13a. S	arvland	136 COUN		13c. CITY OR TOWN		13d INSIDE CITY LIMIT	\$? 1:	3e STREET ADDRESS / ZIP		221		
	14 FA	THER'S NAME					15 MOTHER'S MAIDEN	NAME				1	
		Harry	Dash		EAST	- 1	Eliza	abet		man	1AS7		1
		VAS DECEASED EVER		MED FORCES? E WAR OR DATES)	166 SOCIAL SECUI	RITY NO.	17 INFORMANT		ADDRESS				
		NO	-	-	218 09 1	721	John P. R	ieme	r (Husban	d)	(Sa	me)	
2	MEDICAL CERTIFICATION	Canditions, if any, gave rise to imm coose to!, statin underlying couse	which nediate g the lost. NIFICANT C TION DERLYING AUSE OF DEAL CALEXAMINER REED	DUE TO, O (b) DUE TO, O (c) 19b. CONDITIONS CO 19b. TIME O HOUR A 21b. P.A. 21c. PLACE	R AS A CONSEQUE R AS A CONSEQUE DITRIBUTING TO D IT ION FOR WHICH IF INJURY M. MONTH DA M.	NCE OF NCE OF NCE OF OPERATION Y YEAR 19	N WAS PERFORMED	TERMIN	AL DISEASE OR CONDITIC 200 AUTOPSY? 20b	IN GIVEN IN P. IF YES, WERE CERTIFYING C	ART 1(a FINDIN AUSES (GS USED	?
		220.1 certify that (1) sow the decease obove(1) (we) to 22b. SIGNATURE 22d. PHYSICIANUS NA	Maria no	view the body	-G- 19 8	1	M ATTENDIN PHYSICIA	IG ID	oth occurred on the dote of th	2220	DATE S	GIGNED	ed
	24 FU	URIAL, CREMATION, SPECIFY) Burial UNERAL DIRECTOR NAME UZGZINSKI			1/87 Be	lair	Memorial Ga	ory arde	23d LOCATION CITY OR TOWN AS Harford REC'D. BY REGISTRAR 256. F	County	Mar	STAT	TE

DHMH - 16 60M 7/84 (VRA 15, 4)

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR DE LEASED NAME AA IDDLE LAST TTYPE OR PRINT) Ritterhoff Anna M. 3. SEX 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER Female White 1899 TO BIRTHPLACE I STATE OF FOREIGN 9. BALTIMORE CITY OR COUNTY OF DEATH 7h CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Baltimore County! Maryland WIDOWED XX DIVORCED ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 17h, KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE Dulaney-Towson N. H. 111 West Rd. Housewife Homemaking Towson USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Lowson, Maryland 13b. COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Dulary-Towson Nursing Home Baltimore Maryland NOKE 15 MOTHER'S MAIDEN NAME 14. FATHER'S NAME MIODLE Caroline Lieber Charles H. Luerssen ADDRESSBethlehem, Fa. 18015 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) C. William Ritterhoff RD9 Bingen Rd. 216-32-9219 18 CAUSE OF DEATH (Enter only one couse per line for Joly b), and (c).) PART I. DEATH WAS CAUSED BY: corbon or r IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF DIVISION OF VITAL RECORDS, 201 W. underlying cause last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES [NO [21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 21d INJURY OCCURRED 21f. LOCATION 21e. PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM ETC.) NOT WHILE 220 I certify that (I) (this haspital) afterded the deceased from saw the deceased alive on and that in (my) (each opinion death occurred an the date and hour and from the causes stated DEGREE ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 226 ADDRESS should b 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 230. BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY) Balt imore, Maryland Parkwood Cemetery Buria. 24. FUNERAL DIRECTOR M401 Belair Rd 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH-16 30M 2/80 (VRA 15, 4) Home BALTO MD. 222310VU

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. PECEASED NAME 20 DATE OF DEATH YFAR GRACE ROBERTS 18 Alvn poge r 4 RACE & AGE (IN YEARS LAST BIRTHDAY) 3 SEX 5. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS MONTH CAUC 1899 FEMALE 88 9 BALTIMORE CITY OR COUNTY OF DEATH To. BIRTHPLACE ISTATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? Kentucky MARRIED NEVER MARRIED U.S.A. BALTIMORE COUNTY WIDOWEDXX DIVORCED [ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12h KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY TOWSON GBMC-6701 N. CHARLES ST. Homemaker USUAL RESIDENCE HE NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION Baltimore Baltimore 13e STREET ADDRESS / ZIP CODE Maryland 1204 St. Andrews Way 21239 15. MOTHER'S MAIDEN NAME 4 FATHER'S NAME MIDDLE John William Chenault Dora Hocker ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT (YES NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 404-07-5524 John Roberts 1204 St. Andrews Wav 21239 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DE ATH WAS CAUSED BY CARDIORESPIRATORY ARREST DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF ASPIRATION Conditions, if any, which gave rise to immediate couse (a), stoting CONGESTIVE HEART FAILURE ath underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 206. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES [NO 210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART ?) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL LIF FITHER NOTIFY MEDICAL EXAMINERS 21d INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION 0 CITY OR TOWN COUNTY STATE (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a.1 certify that (1) (this hospital) attended the deceased from sow the deceosed olive on. 11-19 and that in (my) (aur) apinian death occurred an the date and hour and from the couses stated abave, (1) (we) (did) (did not) view the bady after death DIREC 22c. DATE SIGNED 22b. SIGNATURE DEGREE 11/19/87 ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 224 PHYSICIAN'S NAME (TYPE OR PRINT) IMPORTA ld b GBMC-6701 N. CHARLES ST. P.J. PATEL, M.D. 236 NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23d LOCATION (SPECHY) Burial COUNTY Cemetery Arlington 11/24/87 Arlington Kentucky 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 Mitchell-Wiedefeld Home Inc. 6500 York Rd (VRA 15, 4)

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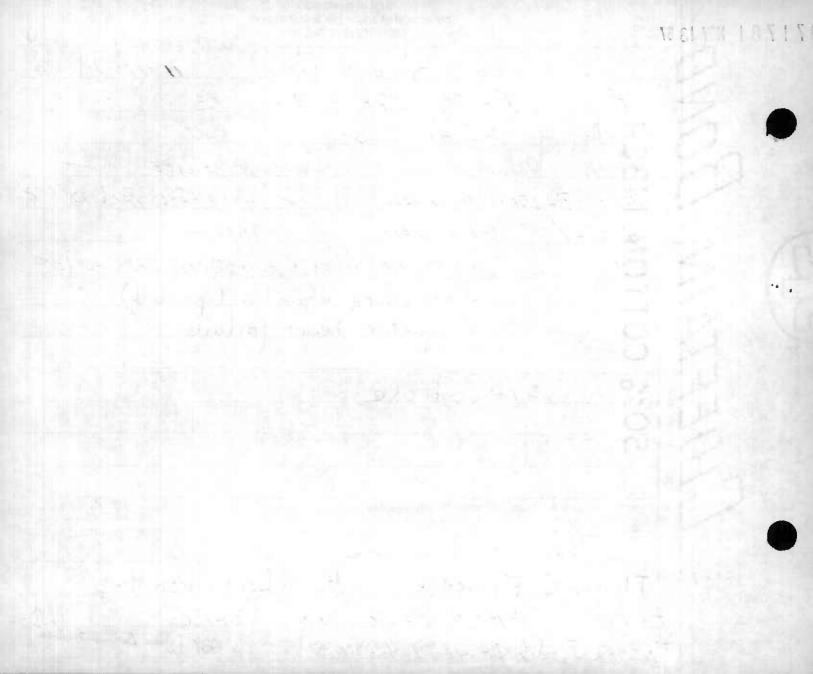
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Charles

72 St. Ut at 1979-1989

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	1			STATE OF MARYLAND	
1	1-	FOR STATE	DEPART	MENT OF HEALTH AND MENTAL HYC	GIENE
NOA 13	87	REGISTRAR		CERTIFICATE OF DEATH	REG. NO. 3 4 4 0
		CEASED NAME FIRST	WIDDLE	LAST	70. DATE OF DEATH MONTH DAY YEAR 26 HOUR
		OR PRINT)	2 1: 0	1 1	11/2/09 14
- 18	_	CAR		6 DINSON	11/1/8/ 10AN
100	3. SEX		4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
	1		WHITE	JAN. 4. 1904	13 YRS
25		RTHPLACE ISTATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8.	9. BALTIMORE CITY OR COUNTY OF DEATH
79	1	OUNTRY)	1). 5.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	Belto
20	Ther	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI	G HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION 12b KIND OF BUSINESS OR
1		B. Dt	IF NOT IN SUCH FACILITY, GIVE STREET). / 1. /-bans. 2	(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY
1	USIL	AL DÉSIDENCE HE NILIDSING HOME C	OR OTHER INSTITUTION GIVE RESIDENCE BEFOR	ONE W. KONG	HOUSEWIFE
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12	IS FA	THER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN NA	ME LAST
17	U	GUSTAV	GREENBO	FU UX	SKNOWN
9 17	16a V	AS DECEASED EVER IN U.S. A		DRITY NO. 17 INFORMANT	ADDRESS
2	(4	ES, NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES) 219-05	0640 VEWNETH A	- ROBINSON SAME AS 130
1		7110	11700	OF THENNEIL A	APPROXIMATE INTERVAL BETWEEN ONSET AND DE ATM
		PART I. DEATH WAS CAUS	inly one cause per line or (a), (b), ar		BETWEEN ONSET AND DEATH
4		IMMEDIA	ATE CAUSE (a) 1 WIM	onary embo	lus (probable)
5			DUE TO, OR AS A CONSEQU	ENCE OF S	
2		Conditions, if ony, which	(1b) ONGE	slive heart	railure
1		gove rise to immediate cause (a), stoting the	DUE TO, OR AS A CONSEQU	ENCE OF	
0	13	underlying cause last.	(c)		
0		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION GIVEN IN PART 1(a
\$	Z O	N.M.	5/8 5+0	nko	
5	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED
19	E I	C) - TIME			YES NO YES NO NO
2	ER	210 ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	121¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
10		OR CONTRIBUTING CAUSE OF DE	- 110110 1111 110111111 0	AY YEAR	
7	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINI		19	
1-	ી	214 INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	211 LOCATION STREET	CITY OR TOWN COUNTY STATE
	-	NOT WHILE AT WORK		,	
		220 I certify that (1) (this hasp	oital) attended the deceased from.	10/12 19 8	1, to 11/11, 1987, that (I) (we) last
		saw the deceased alive a	n191919	8 7, and that in (my) (our) apinion	death occurred an the date and hour and from the couses stated
E		22b. SIGNATURE	dir view the dody differ death.	DEGREE	221. DATE SIGNED
		Shor	nas? tras	ATTENDING	MEDICAL STAFF
+	1	22d. PHYSICIAN'S NAME (TYPE	OR PRINT)	PHYSICIAN [22e ADDRESS	DIRECTOR PHYSICIAN
1		Thomas		1.1	
1		I nomas c	. FINUCANE	Mason	Lord Curon slosp
	230 B	URIAL, CREMATION, REMOVA	L 23b. DATE 23c	NAME OF CEMETERY OR CREMATORY	23d LOCATION COUNTY SAFE
	1	SURIAL	11-13-87 1	ALTO. CEM.	BALTO. MD.
4.7/6.4	24 FL	INERAL DIRECTOR	C11	// 25a DA	TE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE
M 7/84 4)	1	Hamas T.	KARDA 280055	HUDSON ST. NO	V 1 2 1987 Julia Davisan
	. /	140111111 1	JINTI-VII CON	110	1 - 1



7294	2 NOV 2	9 6	FOR STATE FEGISTRAR			DEPARTM	ENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE	01	4 4	
oy be	death	TYPE	CHARLE	FIRST CHAR	F	AIDDLE FRANCI	S POE	ROBINSON 3/NSON		MONTH DAY	77 2	PER 24 HRS
ge 4 m	o offer	1. SE	Male	4. R	White		MONTH		SS IN TEARS LAST BIRT	YRS		
	35		RTHPLACE ISTATE OR FOR COUNTRY) Maryland	EIGN 7b C	U.S.	WHAT COUNTRY?	MARRIEI WIDOWE	NEVER MARRIED DIVORCED	BALTIM	ORE	DEATH	Y MD.
o settler of	18	10 C	DWSON	1 11.	NAME OF H	OSPITAL, NURSIN	G HOME C	OSPITAL	12a USUAL OCCUPATE (TYPE OF WORK FOR MOST OF Sales		126. KIND OF BUSI INDUSTRY Laundr	
A Part of the same	35	130 5	AL RESIDENCE (IF NURSING STATE)	HOME OF OTHE		GIVE RESIDENCE BEFORE 130 CITY OR TOWN Baltimor	٧	134 INSIDE CITY LIMITS?	13e STREET ADDRESS / 1110 Elbank		21239	2.0
MARYLA ed within	BOO BOO	14. F/	Alfred	Edwin	ı E 1	Robinso	n	15. MOTHER'S MAIDEN NA FIRST Anna	Me Mary		X Schu	ster
MORE,	2 Program		VAS DECEASED EVER IN YES, NOOR UNKNOWN) Yes	U.S. ARMED		213-05-2		Martha R. Rob	inson 1110		Ave. 212	39
T. BALT			18 CAUSE OF DEATH PART I. DEATH WAS	Enter anly at S CAUSED BY AMEDIATE C	':	line for (a), 161, and		ic Shock			APPROXIMATE IN BETWEEN ONSET A	TERVAL ND DEATH
but the death cerby the attending	ase remove carbo il, cremation, oc n other traumatic		Conditions, if any, or gave rise to imme cause (a), stating underlying cause	diate the	(b)	R AS A CONSEQUE	NCE OF	ocaded In	fasction		17 ha	un
RDS, 20	Then ple to burio njury, o	NO	PART 2 OTHER SIGNIF	ICANT CON	DITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR COND	DITION GIVEN	IN PART To	
M RECO	ene prior	CERTIFICATION	90 DATE OF OPERATION	N	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO		/ERE FINDINGS US NG CAUSES OF DE	ATH?
OF VITA ACIAN: T 9. physics exhicute	mail Hyg		210. ACCIDENT WAS UNDER OR CONTRIBUTING CAL (IF EITHER NOTIFY MEDICAL	USE OF DEATH	21b. TIME O HOUR A.: P.:	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	TY IN ITEM 18 PART	T OR PART 2)	
DIVISION OF VIT NG PHYSICIAN Other this certificati	h and Me	MEDICAL	21d INJURY OCCURRE WHILE NOT WHILE AT WORK AT WORK		21e PLACE ((AT HOME, STR	OF INJURY SEET FACTORY, OFFICE, F	ARM ETC)	21f LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
TTENDS pitol or TOR, Ad	of Healt 21 is ma		22a.1 certify that (1) (1) saw the deceased above (1) we) (dic	dive on	100	2/ 196	VH D	d that in (my) our) opinian	death accurred on the do	2/ 19 ate and hour a		we) last stated
AL OR A Her hou.	rte Dept.		22b. SIGNATURE	スペ	ns	luce	- 1	DEGREE ATTENDING PHYSICIAN	MEDICAL STAP	F IAN []	Nov. 21,	1927
H-4	25 47	1	22d PHYSICIAN'S NAM	AE (TYPE OR PRI	N1)	-		22e ADDRESS			-	

DHMH - 16 60M 7/84

24 FUNERAL DIRECTOR Mitchell-Wiedefeld Home 6500 York Road 21212 (VRA 15, 4)

Walter R. Welzant

23b. DATE 11-25-87

230 BURIAL, CREMATION, REMOVAL

23d LOCATION
CITYORTOWN
Lutherville Baltimore Maryland 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

St. Joseph Hosp.

231. NAME OF CEMETERY OR CREMATORY

Dulaney Valley



The A Line of the State of the

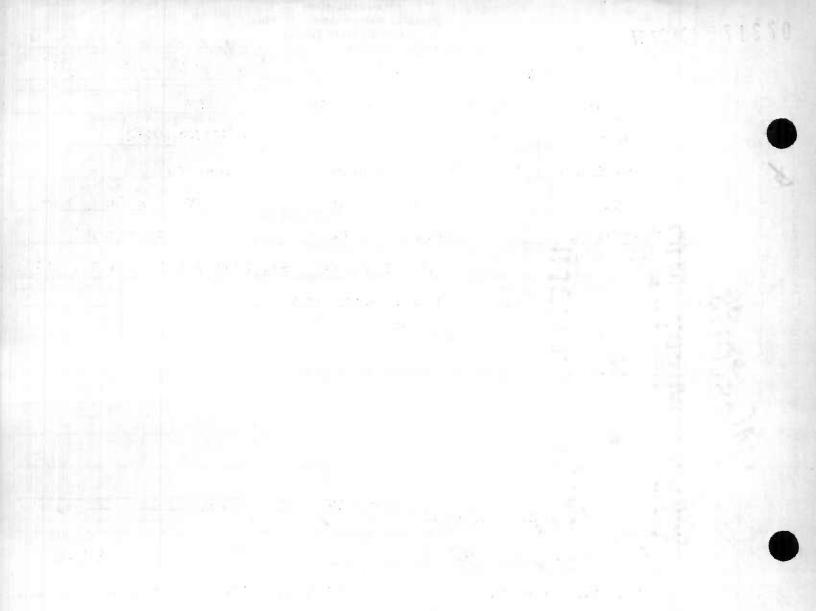
the first time to the perfect direction.

0.7			1	FOR	DEE	STATE OF MARYLAND ARTMENT OF HEALTH AND MENTAL HY	ACIENE	
U /	1831	NOA	16	187 STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	1 4 4 9
				DECEASED NAME FIRS	ST MIDDLE	LAST	20. DATE OF DEATH MONTH	PAY YEAR 25 HOUR
-	2 5	600		(TYPE OR PRINT) ROB	ERT W.	ROBINSON	NOV.12	2.1987 · M
. 9	78 8	offe		MALE	4. RACE	5. DATE OF BIRTH MONTH DAY JEAN 27. 1916	- 7/- N	FUNDER 1 YEAR IF UNDER 24 HRS
_	do do	3/1)	1	G. BIRTHPLACE (STATE OR FOREIG	N 76 CITIZEN OF WHAT COUN		9. BALTIMORE CHY OR COUNTY	OF DEATH
	4 7	1	1	COLOPADO	U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	TOUTIONERIS	CO MD.
511	1	4/	5	O. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N	URSING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE	126. KIND OF BUSINESS OR INDUSTRY
2120	Supplement of the beauty	1 4	1	JSUAL RESIDENCE (IF NURSING HO	OME OR OTHER INSTITUTION, GIVE RESIDENCE		1211-021-01	B.G.TE.
AND	7.24)		3	MARYLAND BY	ALTO. CO. COCK	LEBUILLA YES NO PS	10704 CARDIN	GTON WAY
Z X	1 1	1 37	~	4. FATHER'S NAME	MIDDLE '- LAS	15. MOTHER'S MAIDEN N	MIDDLE	S o Last
A.	P (9	VI)	WILLIAM	D. FOE	INSON ELLA	- 6	ROWN
IMORE	Dec e	Pages medica	1	60. WAS DECEASED EVER IN U. (YES, NO OR UNKNOWN)	S. ARMED FORCES? 166. SOCIAL LES, GIVE WAR OR DATES!	SECURITY NO. 17 INFORMANT	AMILY RECO	1205
TTY	all division	E - E	ľ	18. CAUSE OF DEATH (En	ter only one couse per line for (o), (b), and (c).)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
to	rither and	emov event		PART I. DEATH WAS C	AUSED BY: EDIATE CAUSE (o)	CARDIAZ ARRE	57	number.
N N	a to	orbo or a	3		DUE TO, OR AS A CON	SEQUENCE OF		
EST	deat	Tipm dum	3	Conditions, if ony, which	ch ((b)	ASHO. Diev. M	I's. Elu citt.	years.
W. PR	to the	Cremo		gove rise to immedio couse (a), stating the underlying couse los	he DUE TO, OR AS A CON	SEQUENCE OF ELLE . E	V. ANEVRISAERES	serion
20	E 90	ourse y, or				G TO DEATH BUT NOT RELATED TO THE TER	RMINAL DISEASE OR CONDITION GIVE	N IN PART 1101
RDS	9 5	100円		<u> </u>				
AL RECORDS	No. be for	ene pric	2	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYIN	196 CONDITION FOR W	HICH OPERATION WAS PERFORMED	IN CERTIF	WERE FINDINGS USED YING CAUSES OF DEATH?
DIVISION OF VITAL	SICIAN: 1 og physici	Hys.	\neg	210. ACCIDENT WAS UNDERLYIN		21c. HOW INJURY OCCU	JRRED (ENTER NATURE OF INJURY IN ITEM 18 PA	ART I OR PART 2)
9	g pl	Mentol-tr	7	OR CONTRIBUTING CAUSE	OF DEATH	19		
OS	PHYSIC ending			(IF EITHER, NOTHY MEDICAL EXA	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, C	PERCE FARM ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
N N	NG Per offer	e os the olth ond morked		WHILE NOT WHILE		Total Control of the	The People	
_	TENDII	S E S			hospital) attended the deceased t			9 57, that (# (we) lost
	F & C	2 00	-1		ve on did not) view the body ofter deoth.		on death occurred on the date and hour	
	OR he he	0		226. SIGNATURE	Glevae	DEGREE ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	M (13/87
	HOSPITAL ined by the	0 40	7	22d. PHYSICIAN'S NAME	(TYPE OR PRINT)	22e. ADDRESS		
	O HOSI			DR. LAWA	ZENCE AWA	7LT 120 5157	IER PIERRE DA	2. TOWSON
	P 7			30 BURIAL REMATION, TEMO	OVAL 236. DATE 1/-12-1907	231. NAME OF CEMETERY OR CREMATORY	CITY OR TOWN	COUNTY MARYSTATE
	BP		1	4 FUNERAL DIRECTOR	V 11/7/79/	0/-01.	ATE RECD. BY REGISTRAR 256 REGISTI	RAR'S SIGNATURE
	DHMH - 16 (VRA			EVAINS CH	APEL OF CAS	MES, TIMONIUMNI	OV 1 3 1987 Julia	Devidern Rendalls
			-					

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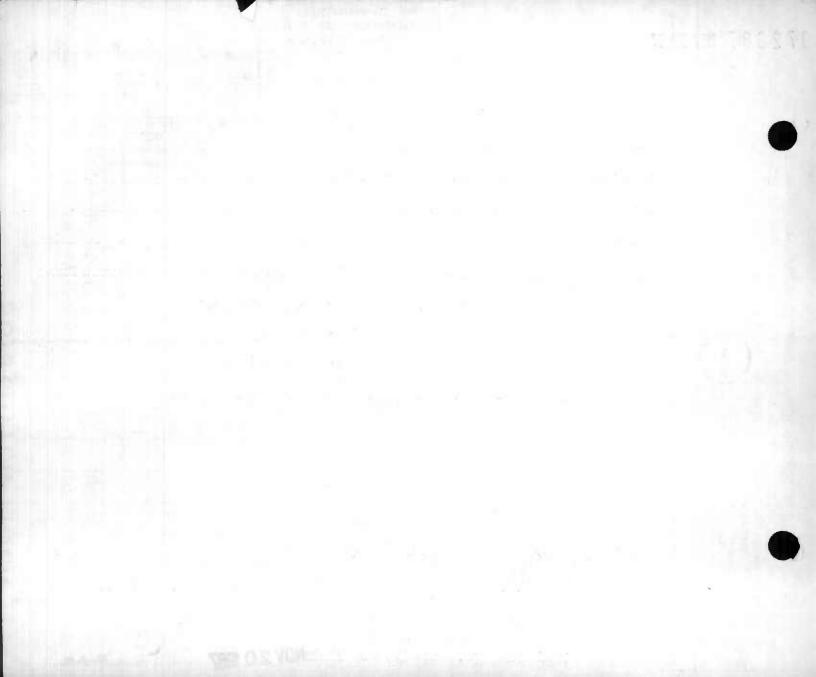
DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH DECEASED NAME MIDDLE 2h HOUR TTYPE OR PRINTS 11:55 November 19 ,1987 ROCK Amelia 3 SEX 4 RACE 5 DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYFAR IF UNDER 24 HRS 9-25-1900 White Female BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Baltimore, County Ohio U.S.A. WIDOWEDF 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12e USUAL OCCUPATION 126 KIND OF BUSINESS OR HE NOT IN SUCH EACILITY, GIVE STREET ADDRESS! (TYPE OF WORK FOR MOST OF WORKING LIFE) Franklin Square Hosp. Baltimore Housewife USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13d. INSIDE CITY LIMITS? 13 STREET ADDRESS / ZIP CODE Baltimore River View Nursing Md. YESY NO 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE Malinowski Stanialaus Wroblewski Mary ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT TYPE NO OR UNKNOWN) I LIE YES, GIVE WAR OR DATEST No 165-05-2811 Frances Sullivan 602 S. Ann St. ent, the APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY Cardio Pulmonary Arrest IMMEDIATE CAUSE (a). Conditions, if any, which gove rise to immediate cause (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IG CERTIFICATION prior 206. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? per NO YES [NO F Hygier 71a ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 21h TIME OF INJURY 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION 0 COUNTY (AT HOME STREET FACTORY, OFFICE, FARM ETC.) CITY OR TOWN STATE rked WHILE NOT WHILE 220.1 certify that of (this haspital) attended the deceased from November 19 sow the deceased plive on November 19,198, and that in (19) obove, No (we) (did) (did not) view the body after death. to November and that in (M) (our) apinian death occurred on the date and hour and from the causes stated 276. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL should be deto with the State IMPORTANT: H PHYSICIAN DIRECTOR PHYSICIAN 11-19-87 FUNERAL 22d. PHYSICIAN'S NAME (THE R PRINT) 22e ADDRESS 9000 Franklin Square Drive 21237 Schlesinger MD 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (SPECIFY) COUNTY STATE Burial 11/23/8 Oak Lawn Cem. 24 FUNERAL DIRECTOR DHMH - 16 60M 7/B4 1901 Easterw Ave. & Zeiler Inc.

(VRA 15, 4)



AND STATE OF THE SECOND AND ADDRESS OF THE SECOND ASSESSMENT ASSESSMENT

		1						STAT	E OF MARYLAND				1	
70	2 0 7 1101		1-	FOR STATE			DEP		EALTH AND MENT		INE			
1/2	OB / NU/	1 23	87	REGISTRAR				CERTII	ICATE OF DEAT	H	REG. N	IO. #	1 4	1 2
				CEASED NAME	FIRST		MIDDLE		AST		20. DATE OF DEATH		DAY YEAR 2	NOUR"
	poge 3		(I TTE	OR PRINT)	Emma		K.	Roc	dgers		November	16 10	287	M
	pod er d	1	3. SE	(4 RACE		5. DATE (OF BIRTH		AGE (IN YEARS LAST BIR		IF UNDER 1 YEAR	F UNDER 24 HRS
	ctor, p		,	Female		Whit	0	TINOM	11, 1911	EAR	76	YRS.	MONTHS DAYS	HOURS MIN
	Pog dire	A	7a. B1	RTHPLACE (STATE	OR FOREIGN	76. CITIZEN OF		TRY? 8.		9	BALTIMORE CITY O	R COUNT	OFDEATH	
	oth.	2		OUNTRY)		US	7\	WIDOW	D NEVER MARRI	IED .	Baltimore	Count	.y	
	fun fun	2		TY OR TOWN OF I	DEATH	11. NAME OF	HOSPITAL, NU	JRSING HOME	OR OTHER INSTITUTE		2a. USUAL OCCUPAT	ION	12b. KIND OF	BUSINESS OR
- 1	by the	171	_ D	1			CH FACILITY, GIVE		\witto		Housewife	OF WORKING LI	FE) INDUSTRY	
5 A	hours of in by			AL RESIDENCE (F.N. TATE	IURSING HOME OF	COTHER INSTITUTION	LOUGE I	Forest I	rive	-	nousewile		Own H	one
10 2	24 h	4							134. INSIDE CITY LIN		3e. STREET ADDRESS	J	see at Dee	21210
ZY.	i A	-		THER'S NAME	Bal	timore	Edger	nere	YES NO			ige ro	rest Dr.	. 21219
ARY	ed within	17		FIRST		WIDDLE	LAST		FIRST		WIDDIE		LAST	
m,			14- 14	Mike AS DECEASED EV	TD IN LLC +D	WED CODCECS	Kiss	SECURITY NO.	Josie	<u> </u>	ADDR	ECC	Pete	erlin
BALTIMORE, MARYLAND 21201	Poges medico	-/1		ES, NO OR UNKNOWN)		/E WAR OR DATES)				- 1		200		
MIT.	S. P.			NO.			215-1	2-5952	Stanley	Rode	ers 2545 l	Lodge		
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^ [underlying ca	use last	((c)_			ONENO	WN				
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ORO C	\$ \$55E	_	10	INCOM							MALIGNA			
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¥	The Con Part of the Part of th	1	RTIF								YES NO		s 🗆	NO 🗌
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Ö	SKCL of p controls right	/	CAI	(IF EITHER NOTIFY M	EDICAL EXAMINER	R) P	.M.	19						
S	Phir india id M id M	1	MEDICAL	21d INJURY OCC			OF INJURY REET FACTORY, OF	FICE, FARM, ETC.)	21f LOCATION STREET		CITY OR TO	OWN	COUNTY	STATE
N N	of the state	3 1	_	AT WORK AT	WHILE									
	ND A SUS			22a. I certify that	(I) (this haspi	ital) attended th	ne deceased fr				to			ot (I) (we) last
	15 OF 15			saw the dece abave, (1) (we	eased alive an	ot) yiew the body	after deoth.	19, a	nd that in (my) (aur)	apinion de	eath occurred an the d	late and hav	or and from the co	ouses stated
	OR J			226 SIGNATURE	K	3./ 2.	-	75%	DEGREE		150-74		22c. DATE SI	IGNED
				Um	4.960	yall	1 do	ME	MP ATTEN		MEDICAL STA		11/16	181
	NER DE STA	T		22d. PHYSICIAN'S				- 0	22e ADDRESS					
	o HOSPITA In FUNERA TO FUNERA Thould be do with the Stol			Omar Ka	yaleh,	M.D.			9000 Fran	nklin	Square Dr	., Ba	to., 212	237
	0 8 0 8 1 8	-	23a. B	URIAL, CREMATIC	N, REMOVAL	23b. DATE		23c. NAME OF C	EMETERY OR CREMA	ATORY	23d LOCATION			
	BP		{	Buria	1	11-19-	-87	Bel Ai	r		Bel Air	Marv	land	STATE
,	OHMH - 16 50M 1/81		24 FL	INERAL DIRECTOR	Duda-	-Ruck Fi	mera1			25e. DATE	REC'D. BY REGISTRAR			RE
·	(VRA 15, 4)			NAME			ADDR	dalk, M	A. A.	OV 2	0 4000 /	50.	In Made	
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DHMH - 16 60M 7/84 (VRA 15, 4)

TO HOSPITAL

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

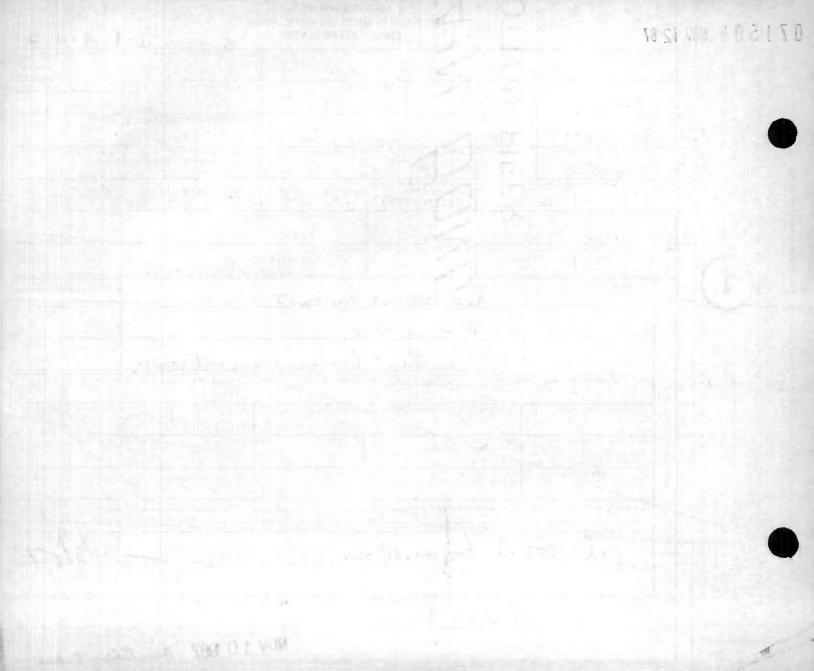
		REGISTRAR				CERTIF	ICATE OF DEATH	8	KEG. NO	0.	1 4	4 5
	I. DE	CEASED NAME	FIRST		WIDDLE	i	AST .	20. DATE OF	FDEATH	MONTH DA	Y YEAR	26 HOUR
		Joan	B	· Ro	manowsk	i		Nove	mber	12,198	7	М
	3 SE			4. RACE		5. DATE C		6 AGE (INY	EARS LAST BIR		NINS DATS	IF UNDER 24 HRS
		Female		Mh	ite	Sept	ember 22, 192		61	YRS.		
	7a. 81	RTHPLACE (STATE OR	FOREIGN	76. CITIZEN OF		RY? 8.	NEVER MARRIED	9 BALTIMO	RE CITY O	R COUNTY C	OF DEATH	
		ew York			S.A.	WIDOWE		Balt	imore	Count		MD.
1	10. CI	Essex 212		11. NAME OF	HOSPITAL, NUF THEACILITY, GIVE ST Celeste	TREET ADDRESS)	DR OTHER INSTITUTION	To att	K FUR MUSI U	MORKING CIFE!	INDUSTRY	F BUSINESS OR
4	USU	AL RESIDENCE (IF NUR						vice-	Presi	dent	Ban	king
1	13a S	aryland	13b COUN		Essex		13d INSIDE CITY LIMITS?	13a STREET /	Celes	ZIP CODE	e 212	21
-	14 FA	THER'S NAME		MIDDLE	LAST		15 MOTHER'S MAIDEN NA					
-		Peter		ezzardi	LASI		Jos	sephine		laui	ŁAS'	
		VAS DECEASED EVER		MED FORCES?	16b. SOCIAL S		17 INFORMANT		ADDRE			
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ı		18 CAUSE OF DEAT PART I. DEATH W	H (Enter on	ly one couse per	line for (a), (b)	, and (cit)		0 (BETWEEN	MATE INTERVAL
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	TIFIC							YES 🗆	NOM	YES	ING CAUSES	OF DEATH?
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ŀ	MEDICAL	21d. INJURY OCCUR	RED	21e PLACE	OF INJURY	CE FARM FAC	21f LOCATION		CITY OF TO	WN	COUNTY	STATE
ł	×	AT WORK AT WO	PILE	(AI HOME SI	REET, FACTORY OFF	ICE FARM, ETC.)	31621					
		220.1 sertify that (I)			e deceased fro		. 19	, to		, 19		that (I) (we) lost
ı		pow the decease above, (I) (we) (o	ed alive ba didi (didine)	Type the body	after death.	. or	nd that in (my) (aur) apinian	death accurre	d on the de	ote and hour	and from the	tauses stated
1		22h SIGNATURE	- 10	1-~		78.11	DEGREE	LIEDICA.	STAF		22c. DATE	SIGNED
		V		V-,				MEDICAL DIRECTOR			1111	18/
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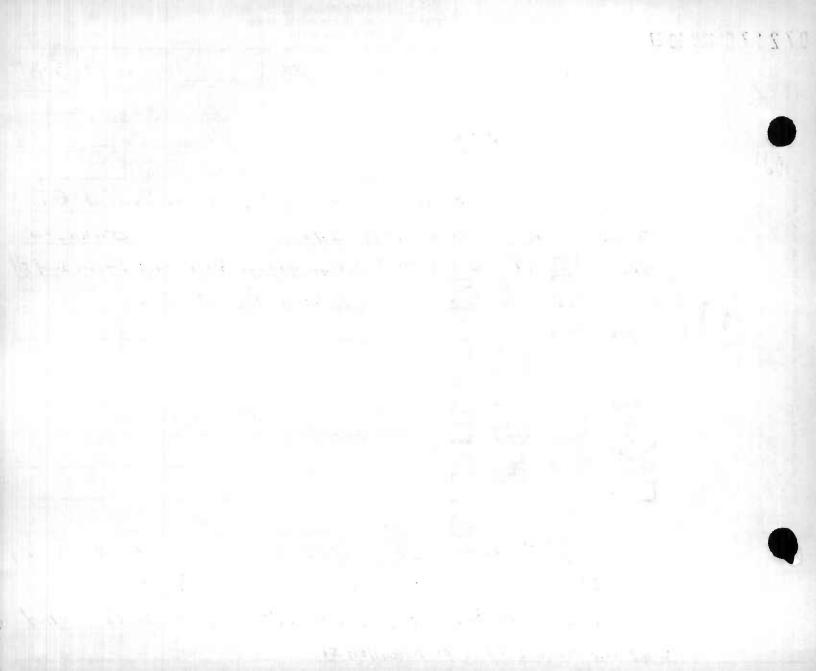
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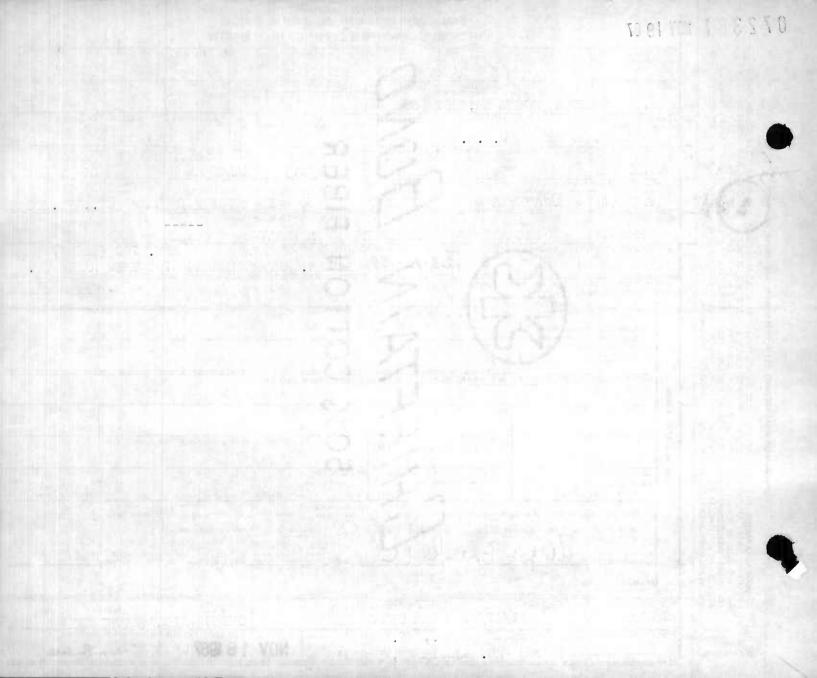
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270 Certify that (I) (this hospital) ottended the deceased fram		1			STATE OF MAR				
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270 I certify that (I) (this hospital) ottended the deceased fram	RECORDS, 201 W. PRE: a. Bow requires that the dim nos been signed by meat permit Then please rate ne prior to buriol, cream ws any injury, or other the	FICATION	gave rise to immedicouse (a), stating underlying cause (c) PART 2 OTHER SIGNIFIC	onte the due to, or as a conditions. Can't Conditions Contribution	NG TO DEATH BUT NOT RELA		200 AUTOPSY?	20b. IF YES, WERE FINDIN	NGS USED S OF DEATH?
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OF.	ATE WEN YEN		210. EXTERNA	L CAUSE WAS	21b. TIME OF		DAY YEAR	21c. HC	W INJURY	OCCURRED	ENTER NATURE	OF INJURY IN ITE	M 18 PART 1 OR PA	RT 2)	
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	ER: T ATE, ORW ORW PR: P HE ST UD, 2		22a. I certif	y that I took charg	ge of the remains des	cribed ab	ove, held an	Autops	y K.	Inspection	, Inc	quiry .	ond in my op	oinion	
	MINION SELECTION		death results	ed from Natur	rol causes .	Accident	, Suic			ide X.	Undetermin	ed manner			
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	NOE NOE		EXAMINER'S	NAME		7	2			277			D 1	1 100	
	TO MEDICAL EXAMINER: T EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: P AFIER DEATH, WITH THE ST BALTIMORE, MARYLAND, 2		(TYPE OR PRI	NI) _ Marg	arita A.				DDRESS_		Penn S		Bal	to.MD	•
	FEG C F < 6		URIAL, CREMA JRTAL	TION, REMOVAL	11/17/87		AR SINA			ORY	23d. LOCATI	VN	COUN	4TY	STATE
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Hampstead

ELINE FUNENAL HOME

(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

TO SEE STATE OF THE PERSON OF

And American West of Visit

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111	1 2 NO	V -9	87	STATE REGISTRAR			DEPAR		ICATE OF DE		REG. N	0 .		- 13
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e 4	ector rs of		MA	LE	t	HITE		SEPTE	EMBER 5,	1922		65 _{RS.}	DNIHS DAYS	HOURS MIN.
Page	P de	32		RTHPLACE (STATE OR FOR	EIGN 7	b. CITIZEN OF V	VHAT COUNTR	Y? 8.	Never MA	ARRIED -	9. BALTIMORE CITY C	R COUNTY	OF DEATH	
de of h	27	CE		RYLAND		U.S.A.		WIDOWE	D DNO	ORCED	BALTIMOR		YTV	MD
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duires 1	signed Then plea to burio	njury, or	NO	PART 2 OTHER SIGNIF	ICANT C	ONDITIONS CO	NTRIBUTING T	O DEATH BUT	NOT RELATED T	O THE TERM	AINAL DISEASE OR CON	DITION GIVE	N IN PART 1	o
a law requir	has beer permit ene prior	Àus ou	CERTIFICATION	19a. DATE OF OPERATIO	N	196 CONDIT	TION FOR WHI	CH OPERATIO	WAS PERFOR	MED	20a AUTOPSY?			NGS USED S OF DEATH?
VIT AL	physicic inficate I-transit al Hygid	8 5	CER	21a. ACCIDENT WAS UNDER		21b. TIME OF	INJURY A. MONTH	DAY YEAR	21c HOW INJ	URY OCCUR	RED (ENTER NATURE OF INJU		Land .	
2 0	ding pl s certif ourial-t Mental	E 7	CAL	OR CONTRIBUTING CAL		17		19						
DIVISION OF	er this of the burner and Me	kedort	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		21e. PLACE C	OF INJURY ET, FACTORY, OFFIC	E, FARM, ETC)	21f. LOCATION	N	CITY OR TO	WN	COUNTY	STATE
0	or or se or	mark		22a.1 certify that (I) (t)	vis hospite	al) attended the	deceased from	OCTOBE	R 19	1987	to NOVEMB	ER 3 1	987	that (I) (we) lost
ATTEN	TOR for u	21 is		sow the deceased above, (I) (we) (did	plive on	NOVEMBE	R 3 19	0.7	d that in (my) (our) opinion	death occurred on the d	ote and hour	ond from the	, , ,
OR A	hos hed ept.	#e 3		22b. SIGNATURE	7,010 1101	1 1	/		DEGREE				22c. DATE	SIGNED
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9	Poine Pould Public	0 /		CAROLINA C	. CU	STODIO.	M.D.		VA MED	TCAL C	CENTER FORT	HOWART	O. MD	21052
5	5 751	27	23a	BURIAL, CREMATION, RE		23b. DATE		NAME OF C	EMETERY OR CE		23d LOCATION			
	BP	_		BURIAL		11/07/	87	LAKEV	IEW MEMO	ORIAL	SYKESVILI	E	COUNTY	RYLAND
DHA	AH - 16 50M 1/	/81	24 F	UNERAL DIRECTOR	e e le t	C LITTE	IZID DARROS				E REC'D. BY REGISTRAR			
	(VRA 15, 4)		1	EROY M & RU	SPEPI	TENHE C	LE LUNE	KAL HO	MES	610	V 0 0	25 8		C1 0 00m

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

BP. DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR

Mitchell- Wiedefeld Home 6500 York Rd.

25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

YES [

COUNTY

COUNTY

22c DATE SIGNED

IF UNDER 24 HRS

12b. KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

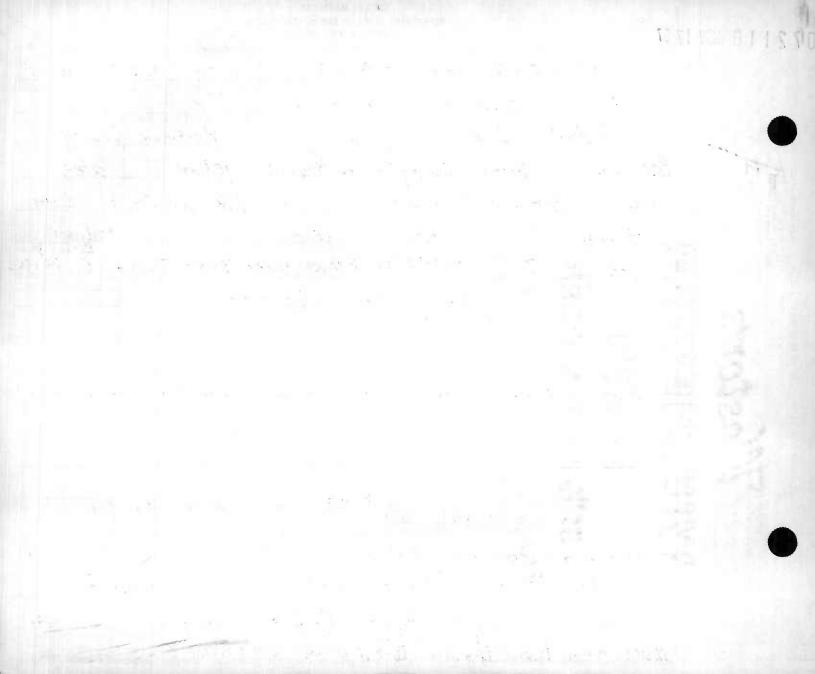
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME death (TYPE OR PRINT) 3 ACKS IRVING M. IF UNDER 1 YEAR 4 RACE 6 AGE (IN YEARS LAST BIRTHDAY) 1 SEX 5 DATE OF BIRTH 15 DAY To BIRTHPLACE BALTIMORE CITY OR COUNTY OF DEATH I STATE OR FOREIGN MARRIED NEVER MARRIED WIDOWED CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OF OTHER INSTITUTION 12a USUAL OCCUPATION 126 KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFET INDUSTRY 136 COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE 21209 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE MIDDLE ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT (IF YES, GIVE WAR OR DATES) 18. CAUSE OF DEATH (Enter only one couse per line for 101, (b), and ic PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN PART TO CERTIFICATION 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES [NO 710 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH fem (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 21e PLACE OF INJURY II LOCATION AT HOME STREET FACTORY, OFFICE, FARM ETC 1 CITY OF TOWN COUNTY STATE marked WHILE NOT WHILE 22a | certify that (I) (this haspital) attended the deceased from. saw the deceased live on Nov . 14 19 47 and that in (my) (our) apinion death accurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death 22c DATE SIGNED **ATTENDING** MEDICAL MPORTANT 22e ADDRESS 230 BURIAL, CREMATION, REMOVAL 236 DATE COUNTY 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 (VRA 15, 4)



nza	200	THE	11/30/	18-10	all I post	EPARTMENT C		AARYLAND I AND MEN		SIENE			
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1 1/2	5008 F	T.	DR TOWN OF	DEATH	II. NAME OF HOSI	S.A.	WIDOW		DIVORCED		ltimore		MD.
5 3	#BES				(# NOT IN SUCH FAC	ILITY, GIVE STREET ADDRE	:SS)	IEK II431110110		FOR MOST OF W	ORKING LIFE)		OR INDUSTRY
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N S	Market I	7	070	-46Th	ATE CAUSE	prepried	1/2/ F	Vear/	tae	luce			Seeddon
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	SED A SED A	TY 191	DATE OF OF			ON FOR WHICH O	PERATION W	AS PERFORME	ED?	1 . /	1 -	20	AUTOPSY?
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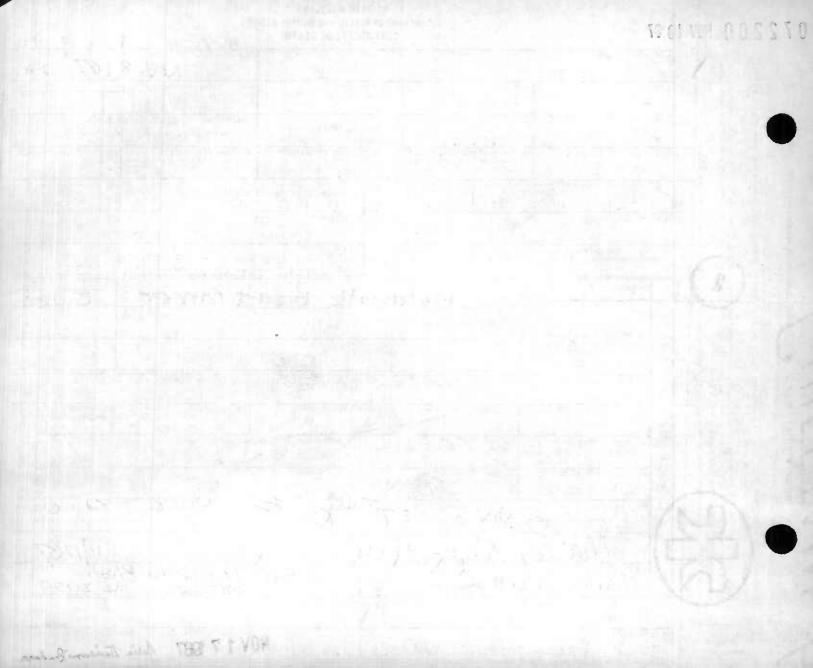
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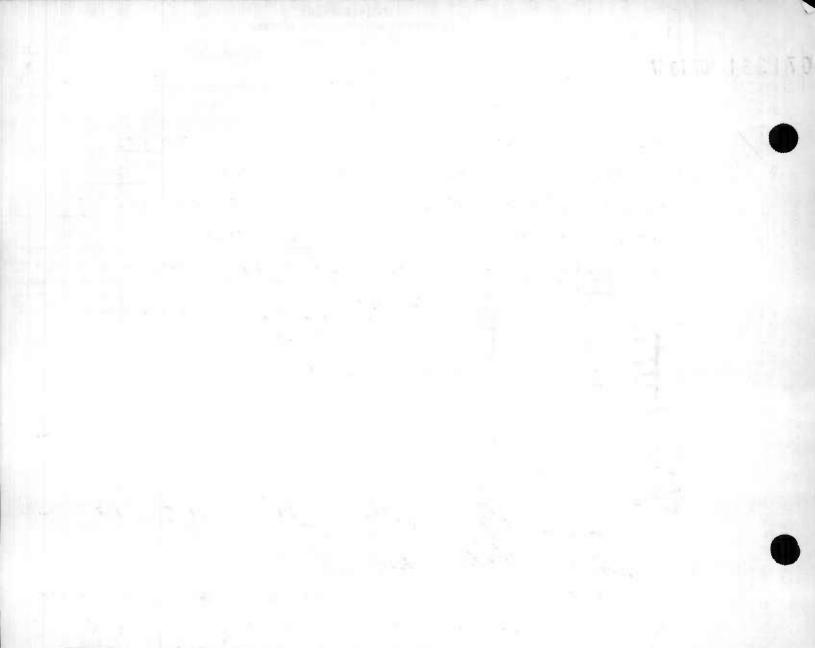
Late Dissertation in

(VRA 15, 4)



STATE OF MARYLAND

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME EUGENE SCHEUFELE 3. SEX 4 RACE 5. DATE OF BIRTH IF UNDER I YEAR 6 AGE (IN YEARS LAST BIRTHOAY) IF UNDER 24 HRS HOURS "02/15/01 YEAR 86 white male 9 BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Baltimore County Maryland USA WIDOWED DIVORCED [IB. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 126, KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)
Meridain Nursing Center (TYPE OF WORK FOR MOST OF WORKING LIFE) railroad @atonsville USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION IL COUNTY Balitmore 13d INSIDE CITY LIMITS? 13. STREET ADDRESS / ZIP CODE 3300 Benson Avenue 21229 Baltimore Maryland YES T MEATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST George A. Scheufele LAST Sarah Callahan Callahan LAST ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT LIF YES, GIVE WAR OR DATES! YES NO OR UNKNOWN 3300 Benson Ave Apt 223 Mrs. Pearl Scheufele 705-05-6055 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF ASCUD E Conditions, if any, which gave rise to immediate couse (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a DIVISION OF VITAL RECORDS, 196 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO NO KI YES | 210. ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 19 21d INJURY OCCURRED 21f LOCATION 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME STREET FACTORY, OFFICE FARM ETC.) NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from sow the deceased alive on and that in (my) (each apinion death occurred on the date and hour and from the causes stated obove; (Il (wwo) did) (did not) 27h SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL FUNERAL PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22e ADDRESS 274 PHERICIAN'S NAME THE OFFICE should be SHAW 21728 OHN dmondson Ave 23a BURIAL, CREMATION, REMOVAL 236 DATE 23c NAME OF CEMETERY OR CREMATORY (SPECIFY) Woodlawn Baltimore Maryland 11/11/87 Lorraine Park Cemetery Burial 24 FUNERAL DIRECTOR DHMH - 16 60M 7/84 1328 Sulphur Spring Rd. Ambrose Funeral Home (VRA 15, 4)



	FOR					MARYLAND					
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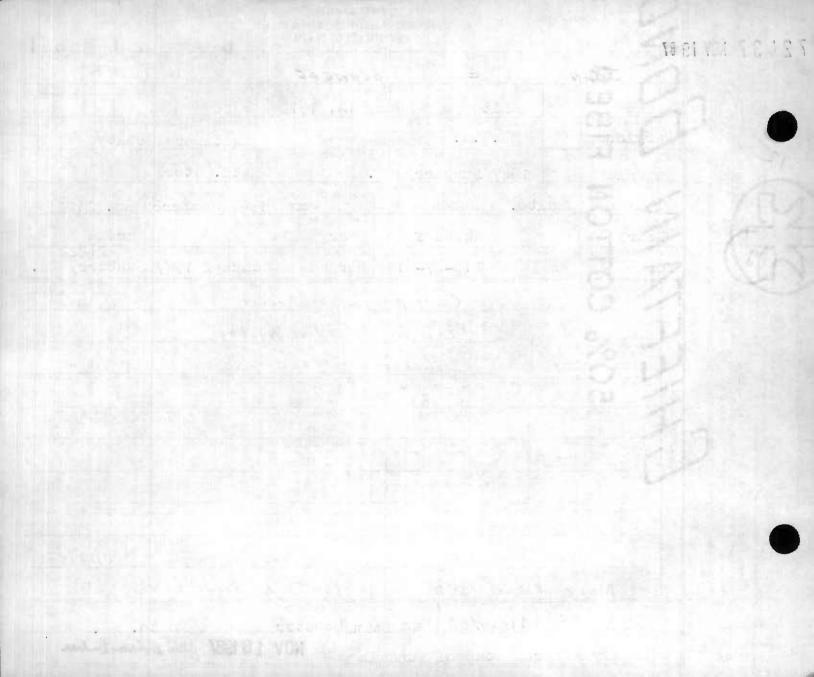
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST NG PHYSICIAN: The law requires that the death cert of the office of the office of the office of the office of the burial-transit permit. Then please remove carbon to such burial-transit permit. Then please remove carbon to such and Mental Hygiene prior to burial, cremation, ar ret orked or them 18 shows any injury, or other troumatic ex		PART 2. OTHER SIGN	NIFICANT CO	NDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE	TERMINAL DISE	ASE OR COND	ITION GIVEN	IN PART 10	3
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Connelly Funeral Home of Dundal

(VRA 15, 4)



STATE OF MADVIAND

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25	Ma	ryland /	Balt	imore	YESX NO	4707 Amber	cley Avenue	2122
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Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME MADDLE (TYPE OR PRINT) 0 SEN 3. SEX 4 RACE AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYEAR IF UNDER ZAHRS YEAR CAUCASIAN MALE BALTIMORE CITY OR COUNTY OF DEATH Ta. BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED A NEVER MARRIED RUSSIA U.S.A. BALTIMORE COUNTY WIDOWED DIVORCED | CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 176 KIND OF BUSINESS OR BALTIMORE COUNTY GENERAL HOSPITAI (TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY WATCH REPAIR RANDALLSTOWN **JEWELRY** BALTIMORE, MARYLAND 21201 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13E COUNTY 13e. STREET ADDRESS 13c. CITY_OR TOWN 13d. INSIDE CITY LIMITS? MARYLAND BALTIMORE 3414 ROCKWOOD AVE. 21215 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE SCHUCHALTER MIDDLE GETTEL SAPPERSTEIN RABBI LEVI 166. SOCIAL SECURITY NO ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT (YES, NO OR UNKNOWN) 1 (IF YES, GIVE WAR OR DATES) MRS. JEAN SCHUCHALTER 3414 ROCKWAY AVE. 21215 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DE ATH WAS CAUSED BY MYCEANDIAL DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION MEllins ö 206. IF YES, WERE FINDINGS USED 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? ā IN CERTIFYING CAUSES OF DEATH? ber Mental Hygiene NOF NO [sho urial-transit 21a. ACCIDENT WAS UNDERLYING **71b. TIME OF INJURY** 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 80 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 71d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION ö COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN STATE NOT WHILE 22a.1 certify that (1) (this haspital) attended the deceased from and that in (my) (our) opinion death occurred on the date and hour and from the causes stated sow the deceased prive on above, (1) (we) (did) (did not) view the body after death 22b. SIGNATURE 22c DATE SIGNED DEGREE MEDICAL ATTENDING STAFF DIRECTOR PHYSICIAN FUNERAL PHYSICIAN MPORTANT: 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS should be with the B. CONANAN. DRIANDO 23a BURIAL, CREMATION, REMOVAL 23d LOCATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY STATE BUR'TAL 11/8/87 SHOMREI HADATH CEMETERY ROSEDALE MD 24 FUNERAL DIRECTOR SOL 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 50M 1/81 (VRA 15, 4) Dioidione

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, NG PHYSICIAN: The low requires that the death certificate be execut antending physician or differ this certificate has been signed by the attending physician and act of the burloit permit. Then please remove cardonpapers. Pages 1 on that Mandal Hygiene prior to burloi, cremation, o's emprodical orked or them 18 shows any injury, or other traumatic permit, the medical orked or them 18 shows any injury, or other traumatic permit, the medical			Conditions, if ony, gave rise to imm couse (o), stoting underlying couse	which dedicate the lost.	DBY: E CAUSE (a) Co DUE TO, O (b) A1 DUE TO, O (c)	ardiopulm RASACONSEQUE nterior m RASACONSEQUE	onary NCE OF YOCAR	dial infarcti			APPROXIMATE INTERVAL
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31467 STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG NO LASED NAME DATE KNOWN (TYRE OR PRINT) 2 (Schwartz OF Marie E 5 FOR YOUR FILES.

E) WITHIN 72 HOURS

W PRESTON STREET, DEATH MATED Teresa 11-28 1987 4. RACE DATE OF BIRTH 6 AGE IN YEARS IF UNDER 1 YR. 2d HOUR IF UNDER 24 HRS DATE 16 BIRTHDAY) 2:00 Sept. 18,1971 PRONOUNCED White 11-28 DEAD Female 7b. CITIZEN OF WHAT COUNTRY? TA RIPTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED | NEVER MARRIED X FOREIGN COUNTRY U.S.A. Maryland Baltimore County, WIDOWED DIVORCED IN CITY OR TOWN OF DEATH 1) NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126. KIND OF BUSINESS High School Student 1200 blk. Nicodemus Road Reisterstown USUAL RESIDENCE HE IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 21136 13n STATE Balto. Reisterstown 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Md. 319 West Cherry Hill Rd. 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Pfaff. Sr. Papale Lisa Van Michael Donald E. Schwartz 319 West Cherry Hill Re 60. WAS DECEASED EVER IN U.S. ARMED FORCES 7. INFORMANT 16b. SOCIAL SECURITY NO. AL-TRANSIT PERMIT PAGES INFORMENTAL HYGIENE, DIVISION OR REMOVAL (YES, NO, OR UNKNOWN) 212-86-5776 No Reisterstown, Md. 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY Multiple Injuries IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. DIVISION OF VITAL RECORDS. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 101 3 SHOULD BE USED AS A DEPARTMENT OF HEALTH I PRIOR TO BURIAL, CREM CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR KAN MONTH DAY YEAR UNDERLYING 12:5 LPM TO MEDICAL EXAMINER: THIS CERTIFIC EXECUTE THE CERTIFICATE, WRITING THE PAGE 4 SHOULD BE FORWARDED TO FUNEAR DECASES SHOULD AFFER DEAH, WITH THE STATE DEPART BALTIMORE, MARYLAND, 21201 PRIOR 11-28 87 driver in auto/fixed object impact CONTRIBUTING CAUSE OF DEATH 21f. LOCATION 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, FARM, ETC.) WHILE AT WORK 1200 blk. Nicodemus Rd., Baltimore Co., Md. road 220. I certify that I took charge of the remains described above, held an Inquiry and in my apinian Accident X death resulted fram: Natural causes Suicide Homicide Undetermined manner TITLE (SPECIFY) Assistant MEDICAL EXAMINER 11-29-87 SIGNATURE EXAMINER'S NAME Margarita A. Korell, M.D. 111 Penn St., Balto., Md. 21201 Dec. 2, 1987 Garrison Forest Veterans Ceme Owings Miles Md. STATE 230 BURIAL, CREMATION, REMOVAL 236. DATE Burial 07/84 250 DE RECO BY REGISTRAP PER PROPERTY OF THE P 25M M. FUNERAY DIRECTOR **DHMH - 17** Owings Mills, Md. (VR A15 ME (5))

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4 3	1 444	-//	10.00	OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH D	AY YEAR		
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6 4	6 26	1 6	MEDIC	21d. INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION	Transfer of the second	COUNTY STATE
25 1	1 12	1 9 5	1 m	WHILE NOT WHILE	LAT HOME STREET FACTORY OFFICE.	FARM, ETC) STREET	CITY OR TOWN	COUNTY STATE
DIVISION NG PHYS	5 25			AT WORK AT WORK		01100 01	7	+
0 0	0 4 4	6 6		22a. I certify that (1) (this hospit	tal) attended the deceased from.	19	1 to Marin	19, that (II (we) last
	B 8 33			sow the deceased alive on	11/23 10	X7 and that it Imy) (aur) apunion	deoth accurred on the date and hour	and from the couses stated
-	9 5	6 64		abave () (we) (did) (did not	t) view the bady after death.	9,	detailed an ine date and noon	
or or	古 無差	1 1		22b. SIGNATURE		DEGREE	1	22c. DATE SIGNED
· ·	4 0.90	3 =		X/ 1/2-	uma nu	ATTENDING	MEDICAL STAFF	
3	7 4 4	5	1	AUVI	3	PHYSICIAN	DIRECTOR PHYSICIAN	
5	9 9 9	3 /		22d. PHYSICHMS NAME (TYPE O	R PRINT)	22e ADDRESS	1 2	77-1501
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	2 02	MAGE!		FOLIO	C D0000	100 210	i cre i i cre e	Mo
5	2 4 4	1 5	23a. l	BURIAL, CREMATION, REMOVAL	23b. DATE 23c	NAME OF CEMETERY OR CREMATORY	23d LOCATION	
	20			(SPECIFY)	n		CITY OR TOWN	COUNTY STATE
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			24 F	JNERAL DIRECTOR		25a. DA	TE REC'D. BY REGISTRAR 20 REGIST	RAR'S SIGNATURE
DH	IMH - 16 60		lale	March E/II	Mast 1200 Mala as	NI C	1430 1987 America	Migny-Nothern
	(VRA 15,	4)	MI	i. C. March F/H	West 4300 Wabas	n Avenue	TO C ROLL	

NOVE O SHELL SECTION

037	NOV -8	87	FOR STATE REGISTRAR	DEPAR .	TMENT OF	TE OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	FIENE	o !		A Q
			CEASED NAME FIRST	MIDDLE		LAST		MONTH DAY		. HOUR
may be			Emi 1	Carl	SEEG	ER	November 3	1987	5	:20 p _M
ma.	Ď	3. SE	X	4. RACE	5. DATE	OF BIRTH H DAY YEAR	6. AGE IN YEARS LAST BIR	THDAY) IF UN		UNDER 24 HRS
Poge 4	5		Male	White	Feb		81	YRS.		Mille.
deoth. P	35	1	RTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	U.S.A.	WIDOW		Baltimore city o	County OF		MD.
by the fu	57		Rossville	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE Franklin Squ	are 1	OR OTHER INSTITUTION Hospital	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Printer	F WORKING LIFE)	Ab. KIND OF B NOUSTRY WEWS pa	
n 24 hou filled in	35	130. S Ma	aryland Balt	rother institution, give residence before NTY 134, CITY OR TO 2123	WN	13d INSIDE CITY LIMITS?	3223 His	ZIP CODE		
ted withi	130		Edward	MDDLE Seeger		15. MOTHER'S MAIDEN NA Lizzie	WIDDIE		Young	
be execu	medica		VAS DECEASED EVER IN U.S. AF YES, NO OR UNKNOWN)	VE WAR OR DATES		Frieda J. S	ADDRE Seeger 322		Ave.	21234
that the death certificate	ural, cremation, or removal		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQ (b) DUE TO, OR AS A CONSEQ (c) CONDITIONS CONTRIBUTING TO	UENCE OF	rebro-Vascular		DITION CIVEN IN		IE MYERVAI
The law required on the form of the form o	hows any injury	CERTIFICATION	19a DATE OF OPERATION	19b. CONDITION FOR WHIC			200 AUTOPSY? YES NO	206. IF YES, WE IN CERTIFYING	RE FINDINGS	S USED F DEATH?
WSICIAN ding physic	Mental Hyg	MEDICAL CE	21a, ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DE LIFE EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED	HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCURE				
A See	th and drived	WE	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE		STREET	CITY OR TO		COUNTY	STATE
the haspital of a DIRECTOR.	nte Dept of Neo		22a. I certify that (% (this hasp sow the deceased alive or above, (% (we) (did) (3-3-d 22b. SIGNATURE	November 3	07	mber 2, 19 8/ nd that in (156) (our) opinion DEGREE ATTENDING PHYSICIAN F	MEDICAL STAI	ote and hour and	,	GNED
D HOSPIT.	INPORTANT		22d PHYSICIAN'S NAME (TYPE OF Dr. Anil M	inocha	LUS	22e. ADDRESS 9000 Frank				t. 2123
51 54	1 37	23a. 6	BURIAL, CREMATION, REMOVAL	23b. DATE 23c		EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COL	UNTY	STATE
BP			BURIAL	NOV.7, 87	PARKW	OOD CEMETERY	BALTIMO	RE COU	NTY,	MD
DHMH - 16			UNERAL DIRECTOR	INSON 8521 ADDRESS	CH RA		E REC'D. BY REGISTRAR	25b. REGISTRAR	SSIGNATUR	Ë

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR RÉG. NO 6 DECEASED NAME 2g. DATE OF DEATH (TYPE OR PRINT) VIRGINIA G. SEEKFORD 187 11 05 8:30 M dea 3 SEX 4. RACE 5. DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYEAR IF UNDER 24 HRS 1933 Female Cauc. 54 Ta. BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED A NEVER MARRIED Maryland U.S.A Baltimore County DIVORCED | WIDOWED III. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) ITYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY 945 Essex BALTIMORE, MARYLAND 21201 Marivn Avenue Genera l Harbor Towing UAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 136 COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS Maryland Baltimore 945 S. Marlyn Avenue 21222 Essex YES [NO M 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME EIRST MIDDLE LAST MIDDLE FIRST Bernard Sadie Cygan Keen ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY:NO. 17. INFORMANT NO OR UNKNOWN) CHE YES GIVE WAR OR DATEST 213-28-9346 - 945 S. Marlyn Ave. Norman Seekford APPROXIMATE INTERVAL BELWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY PATIC I monAh DIVISION OF VITAL RECORDS, 201 W. PRESTON ST. IMMEDIATE CAUSE to DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART Lia CERTIFICATION 0 20a AUTOPSY? 19 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED å. IN CERTIFYING CAUSES OF DEATH? Mentol Hygiene NOF YES [NO I shav 218. ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING T CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f LOCATION AT HOME, STREET FACTORY, OFFICE FARM, ETC) CITY OF TOWN COUNTY STATE NOT WHILE 22a.1 certify that (1) (this haspital) attended the deceased from sow the deceased alive on. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not 226 SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING PHYSICIAN DIRECTOR PHYSICIAN IMPORTANT: 224. PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS shauld be MICHAEL 0 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (SPECIFY) CITY OF TOWN COUNTY STATE Commation 11-07-87 BP. Greenmount Baltimore Md. 24 FUNERAL DIRECTOR 254. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 50M 1/81 (VRA 15. 4) Walter Dabrowski - 1005 Dundalk Avenue 21224

STATE OF MARYLAND

THE ROYAL P. LEWIS CO., LANSING MICHIGAN P.

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369 NOV	198	7 STATE XC 15305	ern71	FICATE OF DEATH	REG. NO	3 1 4	71
		CEASED NAME FIRST	WIDDIE	LAST	26. DATE OF DEATH	NONTH DAY YEAR	26. HOUR
noy be poge 3		HYMAN	NMN SE	IDEL	NOVEMBER 1	1, 1987	3:10 ^A
moy ter de	3. SE	X 4.	. RACE S. DATE	OF BIRTH	6. AGE (IN YEARS LAST BIRT	HDAY) IF UNDER I YEAR	R IF UNDER 24 HRS
ge 4 mo ector, p		MALE		EMBER 30, 1905	82	YRS.	TOOKS MAIN
20 di	70. B	IRTHPLACE (STATE OR FOREIGN 76	CITIZEN OF WHAT COUNTRY?	ED NEVER MARRIED	9 BALTIMORE CITY OF	COUNTY OF DEATH	
in Z	F	RUSSIA	U.S.A. WIDOW		BALTIMORE	COUNTY	M
the f	10. C	ITY OR TOWN OF DEATH	 NAME OF HOSPITAL, NURSING HOME (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 	OR OTHER INSTITUTION	120 USUAL OCCUPATIO		OF BUSINESS O
200	I	FORT HOWARD	VA MEDICAL CENTER		CAB DRIV		ICAB
n a a	USU 13a	AL RESIDENCE (IF NURSING HOME OR OT STATE 136. COUNTY	THER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION Y 136, CITY OR TOWN	113d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	1,1,1,1	13F
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2		ATHER'S NAME	IDDLE LAST	15. MOTHER'S MAIDEN NA	ME		
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licol licol		WAS DECEASED EVER IN U.S. ARMI	ED FORCES? 166. SOCIAL SECURITY NO.	DAVIDASEIDEL		The second secon	
ed o	11 11		WAR OR DATES) UAR II 163 05 3789	CLINICAL REC		FORT HOWAR	
117			one cause per line for (a), (b), and (c).)	APT. 1-D	BALTO., MD		XIMATE INTERVAL
otic eve		IMMEDIATE	CAUSE (o) CARDIOPULMONA DUE TO, OR AS A CONSEQUENCE OF	RY ARREST			
the attended remove cut emotion, emotion, er troumatic		Conditions, if ony, which	(b) PNEUMONTA				
Se rei L crem other		gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF				
0 0 -		PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM	AINAL DISEASE OR COND	ITION GIVEN IN PART T	1(0)
1 P S	O N	MALNUTRITION					
Sit permit.	CERTIFICATION	196. DATE OF OPERATION	196, CONDITION FOR WHICH OPERATION	ON WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES	
S T S	A .	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTHY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 OR PART 2)	
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old be deto the State Correction of the State Corrant: If	H	224 PHYSICIAN'S NAME (TYPE OF	PAINT	22e ADDRESS		25	
should be det		MOHD B. YOUSAR	O M D	VA MEDICAL	TENTED EODT	HOMADD ME	21052
should with O'MPO	23a			CEMETERY OR CREMATORY	23d LOCATION	nowald, MD	21002
		BURIAL		MEN CIRCLE	BALTIM	ORE COMMAR	YLANDSTATE
14 504 1 (8)	24 F				TE REC'D. BY REGISTRAR		
- 16 50M 1/81 RA 15, 4)		NAME SOL LE	VINSON & BROS., INC	21215 NO		1 in Dividion 7	
	_6	010 REISTERSTOWN	KD. BALTO. MD	CIZIO NO	A TO DOL T	المراهدينون المستوا	~

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME LIYPE OR PRINTS SEIDLING George November 1, 1987 12:57am Jr. AGE (IN YEARS LAST BIRTHDAY) 4 RACE 5. DATE OF BIRTH IF UNDER 1 YEAR VEAD 2-14-1917 MA1e White O. BIRTHPLACE ISTATE OR FOREIGN 9 BALTIMORE CITY OR COUNTY OF DEATH THE CITIZEN OF WHAT COUNTRY? MARRIED X NEVER MARRIED Baltimore City U.S.A. Baltimore County DIVORCED [WIDOWED A CITY OF TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY Baltimore REtired Bethlehem Steel Franklin Square Hospital USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 130. STATE 134 COUNTY 137 CITY OR TOWN 136 COUNTY 13e STREET ADDRESS / ZIP CODE MD. Baltimore 6013 Plumer Avenue-21206 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Gerorge Seidling Sr. Catherine Resnick ADDRESS 16h SOCIAL SECURITY NO. 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? YES NO OR UNKNOWN) 214-01-7245 Alva K. Seidling - 6013 Plumer Ave. -21206 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY Cardio-Pulmonary Arrest IMMEDIATE CAUSE ID DUE TO, OR AS A CONSEQUENCE OF End Stage Liver Disease Conditions, if any, which gave rise to immediate couse (o), stating Acute Renal Failure underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 CERTIFICATION 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOX 21a, ACCIDENT WAS UNDERLYING 71b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) 00 HOUR AM. MONTH DAY YFAR OR CONTRIBUTING CAUSE OF DEATH LIE FITHER NOTIFY MEDICAL EXAMINER P.M. 211 LOCATION 21d IN JURY OCCURRED 21e PLACE OF INJURY COUNTY (AT HOME STREET, FACTORY OFFICE FARM, ETC.) NOT WHILE , November October 220.1 certify that (his haspital) attended the deceased from 100 Vember sow the deceased alive on NOVEIIDET I above, Xi (we) (did) (dix XX view the body after death. and that in (ik) (our) opinion death accurred on the date and hour and from the causes stated 72h SIGNA1 DEGREE 22c DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN MPORTANT: 22d PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS 9000 Franklin Square Dr. should be R. Dutton, M.D. Baltimore 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION Burial STATE 11-4-87 Baltimore, Maryland Parkwood Cemetery 24 FUNERAL DIRECTOR DHMH - 16 60M 7/84 John C. Miller Inc.-6415 Belair Rd.-21206 (VRA 15, 4)

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 7h HOUR TYPE OR PRINTS 87 deot 1023 A 3. SEX 5. DATE OF BIRTH 6 AGE LIN YEARS LAST BIRTHDAY IF UNDER 1 YEAR IF UNDER 24 HRS I STATE OR FOREIGN 7h CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH WIDOWED DIVORCED [NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION INDUSTRY 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 5-01-6890 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and ic). PART I. DEATH WAS CAUSED BY 4000 DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a CERTIFICATION 19n DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20n AUTOPSY? 20b. IF YES, WERE FINDINGS USED b IN CERTIFYING CAUSES OF DEATH? Hygiene i NOF YES [NO [DIVISION OF VIT 21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH YEAR ental (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 0 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) pa NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from 27 and that in (my) (our) opinion death occurred on the date and hour and from the sources state above. (It (wg/) did) (did not) new the body after death 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS ld b with 0 230. BURIAL, CREMATION, REMOVAL 23¢ NAME OF CEMETERY OR CREMATORY 23b. DALE 23d LOCATION CITY OR TOWN SYKESVILLE REGISTRAR 25P REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 (VRA 15, 4)

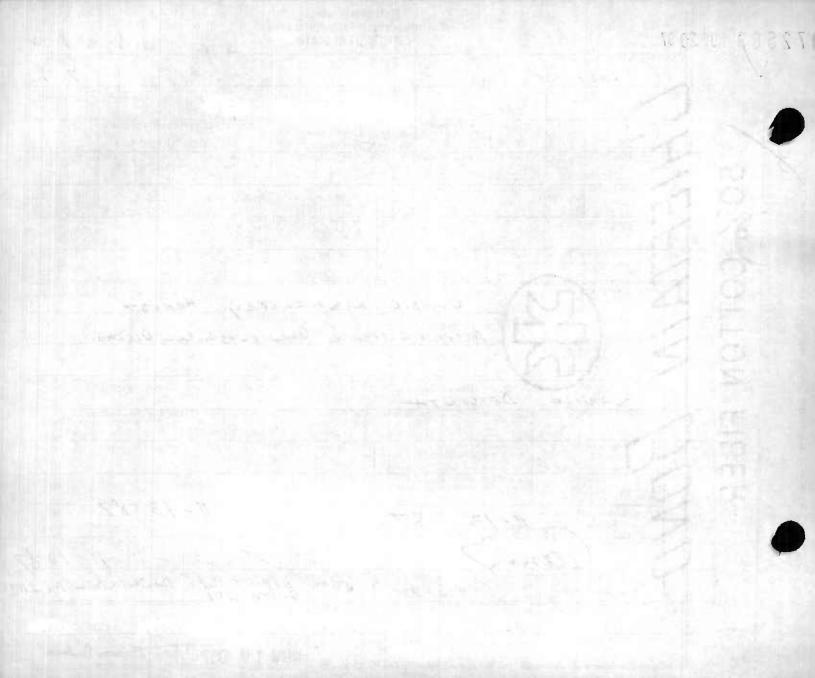
STATE OF MARYLAND

			1	FOR		DEPARTA		E OF MARYLAND EALTH AND MENTAL HY	CIENE			
71	259	NOV.		STATE REGISTRAR			CERTIF	ICATE OF DEATH	REG. N		4 1	14
	poge 3 C	1101	1	PECEASED NAME FIRST YPE OR PRINT] Ru		Sexton	t	AST	November	3,1987		AM M
	ge 4 moy		3.	Female	4. RACE White		5. DATE C		6 AGE (IN YEARS LAST BIR	THDAY) IF UNITH		UNDER 24 HRS
0	eoth. Pa	35	70	BIRTHPLACE (STATE OR FOREIGN Maryland	76. CITIZEN OF V	WHAT COUNTRY?	8. MARRIE WIDOWE	D NEVER MARRIED		74		MD.
تراج	s offer d by the fu	Day (10	Towson		H FACILITY, GIVE STREET	ADDRESS)	dan Nursing	12e. USUAL OCCUPATI (TYPE OF WORK FOR MOST O H Housewi	F WORKING LIFE) IN	NOUSTRY	JSINESS OR
VND 212	filled in	of the		arytand Bar			ADMISSION	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS 28 Allegha	ny Ave.,	21204	+
MARYLA	red within) 37) 14	FATHER'S NAME FIRST George W Kemp	WIDDIE	LAST		15. MOTHER'S MAIDENN Ruth A Dui	AME		LAST	
IMORE,	n and co		16	WAS DECEASED EVER IN U.S. A	ARMED FORCES?	166. SOCIAL SECU 212 28		17 INFORMANT	ADDRE		210 ott Ci	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 212	e low requires that the death cer n. nos been signed by the ottending	prior ta bu	7	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICAN	DUE TO, OR (b) DUE TO, OR (c) T CONDITIONS CO	R AS A CONSEQUE R AS A CONSEQUE DITTRIBUTING TO C	NCE OF	THE LUN AGE NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN IN 20b. IF YES, WEI	RE FINDINGS	S USED DEATH?
I OF VITAL	SICIAN: The ng physician certificate he	Hygie	7	CO CONTROLLENIC CONTROLL	DEATH HOUR A.	M. MONTH DA	Y YEAR		YES NO	YES T		NO []
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	the hospital or at Director: Af	F them 21 is		22a.1 certify that (1) (the horses of the saw the deceased alive obove, (1) (west-clied) (did 22b. SIGNATURE	10	30 19		, 19 80 and that in (my) (more) apinion DEGREE ATTENDING PHYSICIAN	, 10	ote and hour and		ENED
	D HOSPITAL Hained by the O FUNERAL	with the State	1	R. W. Lis	E OR PRINT)	53		57 W. T	IMOHIUM		Timo	21097 NUM
	BP		23	BURIAL, CREMATION, REMOVA	Nov. 3	3,1987 We	stvie	EMETERY OR CREMATORY W Memorial Pl	23d LOCATION CHYOR TOWN Catonsvi	lle Balt	о., Ma	ryland
	DHMH - 16 50 (VRA 15		24	HARRY H. WITZKI FUNERAL HOME II	E 4	112 OLD (COLUM	BIA PIKE 25a D/	TE REC'D BY REGISTRAR	256. REGISTRAR'S	S SIGNATURE	dass

VDM E-012 Trolling on any order

8728 Liberty Road Randallstown, MD. 21133

(VRA 15, 4)



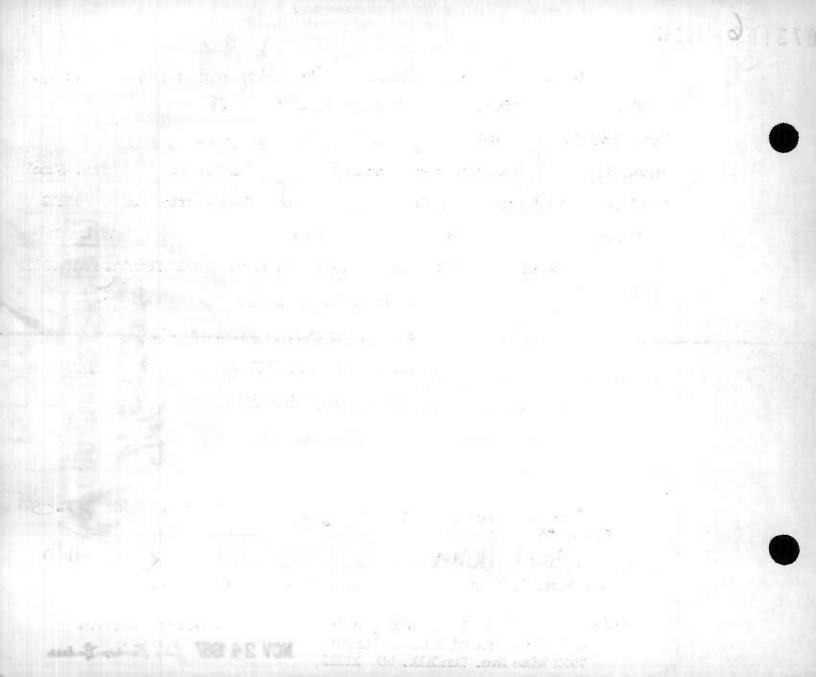
DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR EASED NAME Katherine SHAFFER November 1987 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) 4. RACE IF UNDER TYEAR Female March 28, 1906 White Ta. BIRTHPLACE I STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Pennsylvania USA WIDOWED Baltimore County CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 126 KIND OF BUSINESS OR Franklin Square Hospital Retired Morgantown Glass Rossville SUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 733 Liberty St. Morgantown West Virginia 26505 H FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDIE MIDDLE Lillian Good Harry Not Known ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 166 SOCIAL SECURITY NO IVES NO OR LINKNOWN HE YES GIVE WAR OR DATEST 236-32-6841 Alfreda Birtcher 12611 Harowood Road 21220 BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for 10), (b), and 10%
PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) Cardiopulmonary Arrest DUE TO, OR AS A CONSEQUENCE OF (b) Gram Negative Rod Sepsis Canditians, if ony, which gave rise to immediate cause (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying couse Obstruction secondary to Metastatic PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG Disease Artery Coronary 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOV 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) PM 19 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OF TOWN COUNTY STATE (AT HOME STREET FACTORY, OFFICE, FARM ETC.) NOT WHILE 220.1 certify that M (this hospital) attended the deceased from November November sow the deceased alive on November 10 19 87 ond that in (n)() (aur) opinion death accurred on the date and hour and from the causes stated above, (i) (we) (did) (did gain view the body after death. 226 SIGNATURE 22c DATE SIGNED DEGREE ATTENDING MEDICAL 11-10-1987 PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 22d PHYSICIAN'S NAME (TYPE OF PRINT) Mel inda-Ann Roth 9000 Franklin Square Drive., Balt.21237 230 BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE Burial Mt. Zion 11-13-87 Preston Co. West Virginia BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR Duda-Ruck Funeral ... Home of Dundalk DHMH - 16-60M 7/84

7922 Wise Ave. Dundalk. MD 21222

(VRA 15. 4)

Deviden

STATE OF MARYLAND



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

MARRIED NEVER MARRIED

FEG. NO.	- 1	4	7	3
20 DATE OF DEATH MONTH	DAY	YEAR	2b HOU	JR
11/07/87	_2	1	12:3	13-
& AGE (IN YEARS LAST BIRTHDAY)	IF UNDE	RIYEAR	IF UNDER	24 HRS
71	MONTHS	DAYS	HOURS	MIN

Mary Ellen Shipley TA RACE Caucasian

S DATE OF BIRTH 10/07/16 Th CITIZEN OF WHAT COUNTRY?

9. BALTIMORE CITY OR COUNTY OF DEATH

TO BIRTHPLACE (STATE OF FOREIGN Maryland M CITY OR TOWN OF DEATH

Randallstown

Female

WIDOWED DIVORCED [NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

Baltimore County TYPE OF WORK FOR MOST OF WORKING LIFET INDUSTRY Retired Secretary

12b. KIND OF BUSINESS OR Westinghouse 21207

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE
13b. COUNTY
13g. CITY OR TOWN Maryland 4 FATHER'S NAME

No

CERTIFICATION

- STATE

3 SEX

death

REGISTRAR DECEASED NAME (TYPE OR PRINTIN

Balt imore

18. CAUSE OF DEATH (Enter only one cause per line farga), (b), and ic

IMMEDIATE CAUSE (a)

Woodlawn

13d INSIDE CITY LIMITS? NO X 15 MOTHER'S MAIDEN NAME

13e.STREET ADDRESS / ZIP CODE 21 Pacton Place

LAST

William A. Wales

60 WAS DECEASED EVER IN U.S. ARMED FORCES?

16b SOCIAL SECURITY NO 215-10-2868

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

17 INFORMANT Mr. Barry L. Shipleys Parton Place

Hattie Elizabeth Hunt

YEAR

Baltimore Maryland 2120 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

Canditians, if any, which gave rise to immediate cause (a), stating underlying cause

190 DATE OF OPERATION

PART I. DEATH WAS CAUSED BY

DUE TO, OR AS A CONSEQUENCE OF

Balto. Co. General Hosp

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 in

	CAL 5
a. ACCIDENT WAS UNDERLYING	216 TIME OF IN
CALLES OF DEATH	HOUR A.M.

MONTH DAY YEAR

NOL 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [

71d INJURY OCCURRED NOT WHILE

230 BURIAL, CREMATION, REMOVAL

21e PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE, FARM, ETC.) 211 LOCATION COUNTY CITY OR TOWN

20a AUTOPSY?

220.1 certify that (1) (this haspital) attended the deceased fram_ saw the deceased alive an_

abave, (1) (we) (did) (did nat) view the bady after death 22b. SIGNATUR

ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22¢ DATE SIGNED

STATE

22d PHYSICIAN'S NAME ITYPE OF PRINT EDMUNI) 23b DATE

DEGREE

231. NAME OF CEMETERY OR CREMATOR

Elkridge Howard

and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated

COUNTY STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

should be deta with the State [

24 FUNERAL DIRECTOR

(SPECIFY)

Birrial

Meadownidge Memorial Park Loring Byers Funeral Directors, Inc. 8728 Liberty Road Randallstown Maryland 21133

MD BY REGISTRAR 25 REGISTRAR'S STGNATURE lia Nicordas

7134 5 101 13 17

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TESTINGS FOR STATE OF THE STATE

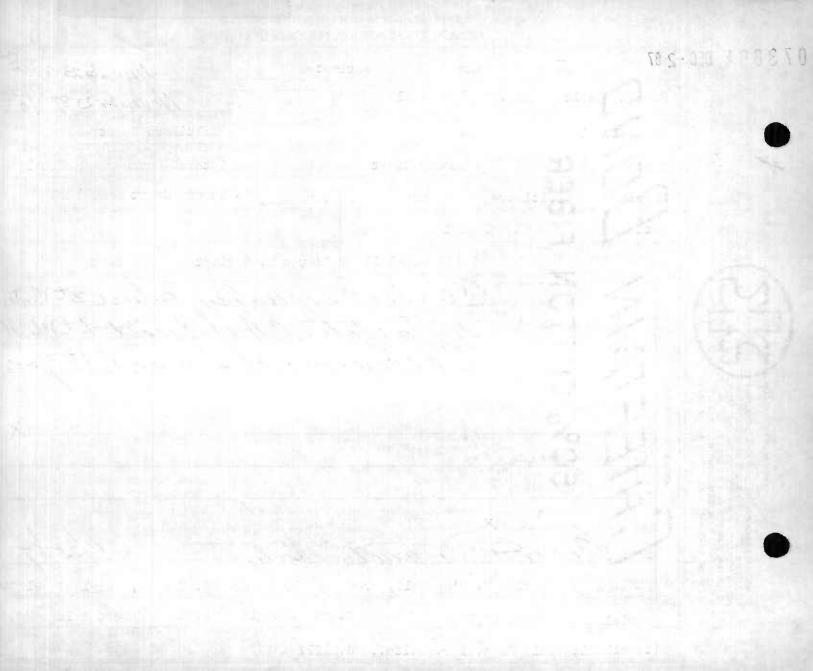
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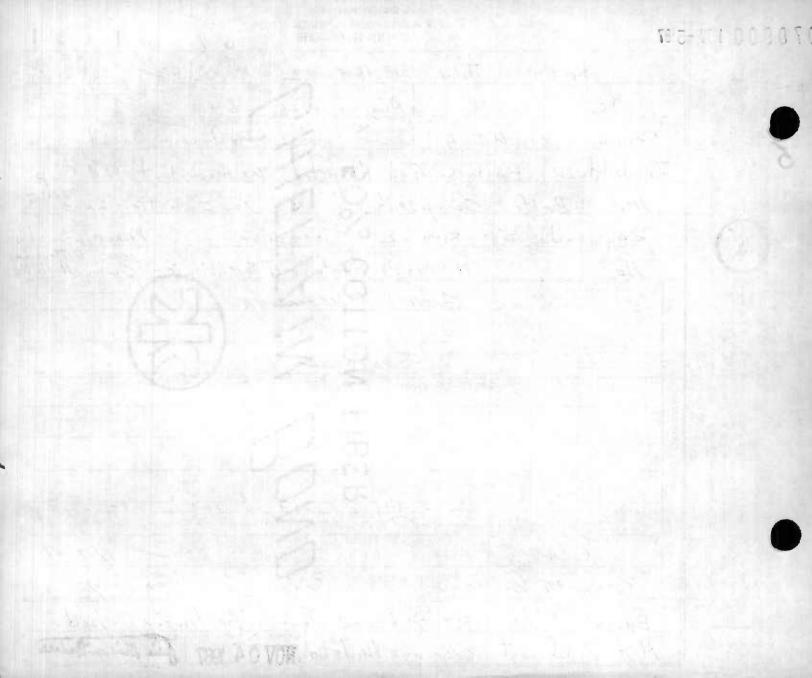
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011	569 NOV 1	128	GISTRAR		ME	DICAL EXAMIN	IER'S C	CERTIFICA	ATE OF DE	ATH /	REG. NO.		4 /	7
		I. DE	CEASED NAME	AUB	DEV	WIDDIE T		SHORES	2	2a DATE	KNOWN [MONTH D	AY YEAR	26 HOUR
	W-1 205.+	TAL	E OR PRINT)	BRE		SHIV	4 (SHOKE	5	OF	ESTI- MATED			
	3955E	I SEX	1 TA RAC	-		11,100	0)	IDED LVD L				MONTH D	19 DAY YEAR	M
	55.58	DE,	4. KAC	-t	5 DATE OF BIRTH	YEAR LAST BIRTHO			HOURS MIN.	PRONOU		MONIH D	PAT TEAK	74 HOUR
- COK	SA CONTRACTOR	Ma	le Wh	nite	March 10		RS.		,,,,,,	DEAL		NO	1987	7 P. 3
Ψ.	2332年201	7e B	RTHPLACE ISTATE OR		76. CITIZEN OF W	HAT COUNTRY?	B AAA DD	ED D NEVE	R MARRIED	9. BALTIA	MORE CITY OR	COUNTY	OF DEATH	
	SECENT OF	1	Md.		U.S.A		WIDOW		DIVORCED [Ba	ltimore	Coum	+++	
	Nam of	10. C	TY OR TOWN OF DE	ATH		SPITAL, NURSING HOM					JPATION (TYPE O			MD.
1	SESES OF				(IF NOT IN SUCH F.	ACILITY, GIVE STREET ADDRESS)	L, OK OIII	EK HASTHOTK	FO	R MOST OF WO	RKING LIFE)		OR INDUST	RY
4	300 -	-	Baltimore		4444 Kei	ndi Rd.			Asst	t.Cre	dit Mo	gr. R	ailro	adCo.
1:	20 A D S	13a S	AL RESIDENCE (IF IN NI TATE	136 COUNT	R OTHER INSTITUTION, G	IVE RESIDENCE BEFORE ADMISS	ION)	1134 INSIDE CITY	LIMITS ² 13e S1	PEET ADDR	ESS			
	43 MOD		Md.		imore	Baltimore	9		NOXX 44	144 Ke	ndi Rd.	. Bal	to. 21	236
-	# Know -	14. F	ATHER'S NAME						S MAIDEN NAM			,		
	がある		FIRST		MIDDLE	LAST		FIRS	1	A	MIDDLE		LAST	
	出版を		Norman			Shores			Elsa				Georg	re
1	THE CASE	166 V	VAS DECEASED EVER		AED FORCES? WAR OR DATES)	166 SOCIAL SECURIT		17 INFORMA			ADDRESS			
	48.E88		yes	WW	III	210-12-76	73	Caro.	l Shores	s (dgh	tr) san	ne add	ress	
	S		18 CAUSE OF DEA	TH (Enter onl	y ane couse per line	e for (a), (b), and (c).)							APPROXIMATE	EINTERVAL
	S S S S S S S S S S S S S S S S S S S	15-1	PART I DEATH V	VAS CAUSED	BY:	-SP144	LIB	TIC	5,00				BETWEEN ONSE	I AND DEATH
	W. PRESION WITHIN 24 F ENCIL IN ITEA MINER ALON ITRANSIT PER INTAL HYGIEN OR REMOVAL	3.7		IMMEDIAT	DUE TO, OF	AS A CONSEQUENCE	OF .							
	A SING		Conditions, if	anv. which	502,0,0	TLASTU	(176	UUK	2 14	- (13 ()		
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	XAMINE XAMINE XAMINE AL-TRAN MENTAL N, OR RE		couse (a) stating		DUE TO, OF	R AS A CONSEQUENCE	OF					100		
3	D= 3 200		17.119 (4.050 103)		(c)									
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	LD BE EXECTED BY A MEDICAL D AS A BUILD BY A	Z												
	EAN ARE -	CERTIFICATION	190. DATE OF OPER	ATION	TIPE CONDI	ITION FOR WHICH OPER	RATIONW	AS PERFORMI	FD2			1.	a AUTOPSY	2
	A PSEE	Š					.,	ACT ENT CHINA				· ·	MOTOFST:	1
	SHOULE CHIEF BE USED	E		0.5.11.11.0								15-31	YES .	NOV
	ENEGAGO		UNDERLYING		21b. TIME O HOUR A.A	F INJURY A. MONTH DAY YEAI	R 21c HC	OW INJURY O	CCURRED TENTE	R NATURE OF IN	NJURY IN ITEM 18 PAI	RT 1 OR PART 2)		,,
	P FF OF S	3	CONTRIBUTING	CAUSE OF D										
	- LO - 10 000	MEDICAL	21d INJURY OCCUR	RED		OF INJURY (AT HOME,		CATION						1555
	S CER RDED SE 3 S	X	WHILE NOT AT WORK	WHILE	STREET, FAC	TORY, FARM, ETC.)	5	TREET		CITY OR TO)WN	COUNTY		STATE
	E, WRIT WARDI WARDI PAGE STATED		AI WORK - AI V	VORK										
	L EXAMINER: TECETIFICATE, DULD BE FORVAL DIRECTOR: H, WITH THE S. MARYLAND,		220 I certify that	Hook charge	e of the remains de	scribed obove, held an	Autop	sy .	Inspection Z	> Inquiry	ond	in my opinio	n	
	NE PET S		death resulted from	Noture	al cooses	Accident Su	ncide 2	Homicid	e Und	etermined m	onner .			
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		-	ACTUAL	Mark	Mu	esh		THE STE	60, +	1		DATE	1116	127
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	O MEDICAL E XECUTE THE AGE 4 SHOU O FUNERAL FITER DEATH, ALTIMORE, M	-	(TYPE OR PRINT)	1 17		0000	1	ADDRESS	B	71-1	IMP	12 M	2 1	25]
	5 A S S S S S S S S S S S S S S S S S S	230 B	URIAL, CREMATION,			23c. NAME OF CE	METERY O	RCREMATOR	Y 23d. I	OCATION		COUNTY	S.T	ATE
D7/3	84 BP		Cremation	1	11/10/87	Securit	y Pro	ocess		Balti	more	200.11	M	ď.
25N		24. F	unschriftune!		ral Home				o. DATE REC'D. I		AR 256 REGIST		LATURE	
	DHMH - 17 (VR A15 ME (5))		Inc.		AUDRES	Balto. Mc	1. 21	236	NOV 4 O	4007	Subje De	indan-	pance	1
	(AK A12 WE (2))		2410.						NUVI	130/	1		•	1



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR PEGEASED NAME 20. DATE KNOWN A OF ESTI-Laura Shrimpton Ann SEX 4. RACE S. DATE OF BIRTH AGE (IN YEARS | IF UNDER 1 YR IF UNDER 24 HRS DATE Aug. 26.1906 Female White RONOUNCEL TO BIRTHPLACE (STATE OR 75 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED Pennsylvania Baltimore County USA DIVORCED ID CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 128. USUAL OCCUPATION (TYPE OF WORK 128 KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)
4 Ecoway Court OR INDUSTRY Medical Registered Nurse Towson IPSUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Maryland Towson 13d INSIDE CITY LIMITS? JIJE ATRECOWAY Court Baltimore 21204 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Matthew Sherwin 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 7. INFORMANT 166 SOCIAL SECURITY NO ADDRESS No 220-30-1917 George E. Shrimpton Same 18 CAUSE OF DEATH (Enter only one cause per Inertor (a), (b), and (c PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (o) stating the under-DUE TO, OR AS ACONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL CERTIFICATION 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 2D AUTOPSY? 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME, 211 LOCATION STREET, FACTORY, FARM, ETC.) STREET WHILE AT WORK CITY OF TOWN COUNTY 22a. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my opinion death resulted fram Natural couses Hamicide Undetermined manner EXAMINER'S NAME Charles F. O'Donnell, M.D. ADDRESS 7501 York Rd. Towson, Maryland TYPE OR PRINT 230 BURIAL, CREMATION, REMOVAL 236 DATE Maryland Veterans, Garrison Garrison Forest Balto. Md. Nov. 27.1987 Burial 07/84 25M 24. FUNERAL DIRECTOR 6500 York Rd. 250. DATE REC'D. BY REGISTRAR DHMH - 17 Mitchell-Wiedefeld Home, Inc. Balto., Md.212120 (VR A15 ME (5))



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I U MUY TO	FOR STATE		DEPART	MENT OF HEALTH AND MENTAL H	GIENE	
	67STATE REGISTRAR	ALCED !-		CERTIFICATE OF DEATH	8 REG. N	0. 5 4 0 1
	DECEASED NAME	FIRST	WIDDLE	LAST	20. DATE OF DEATH	MONTH DAY YEAR 26 HOUR
900		RAYM		SIENKIEWICZ	11102	87 350A
A 1 3 :	SEX	4.1	RACE	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIR	THOAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
fie -	BIRTHPLACE (STAT	~	White	Aug. 18, 1923	64	YRS
10 A 10	Copietey)		CITIZEN OF WHAT COUNTRY	MARRIED MEVER MARRIED	Dil	COUNTY OF DEATH
31 4	CITY OR TOWN OF	-	NAME OF HOSPITAL NURSI	WIDOWED DIVORCED DIVORCED DIVORCED	12a USUAL OCCUPATI	
1155	RANDAIL	stown	BA ITO CO.	Sen. Hospital	TAX ACCOLL	OF WORKING LIFE) INDUSTRY,
	o. STATE	13b COUNTY	1-1	VNA . 1 1 13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS	7
34.4	FATHER'S NAME	DAI	To Owings	15 MOTHER'S MAIDEN N	100 S.	Killers LANE
17	PIRST	MIDI			MIDDLE	MALCINOWS
160	WAS DECEASED E	VER IN U.S. ARME			ADDRE	
0 0 0	YES, NO OF UNKNOWN	(IF YES, GIVE W	AR OR DATES) 198-14-	1899 Restrice	TSientia	ica Owings Mills
16.1	TIR CAUSE OF D	FATH (Enter only o	ane cause per line far (a . (b), a	ndie	V - / CIKIEW	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
physical phy	PART I. DEAT	TH WAS CAUSED B	3Y.	teic CIRCIN	mA	BETWEEN ONSET AND DEATH
de de		IMMEDIATE C			- / / /	
ome of the order	Conditions, if	any which	DUE TO, OR AS A CONSEQU	bence of		
o tro	gave rise to	immediate	DUE TO, OR AS A CONSEQU		V V	
4 5 6	underlying c		DUE TO, OR AS A CONSEGU	wrohen/a-		
ser ple o burro sey, or		SIGNIFICANT COM	NDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TEL	MINAL DISEASE OR CON	DITION GIVEN IN PART 10
cote has been signal white prior to be share any mire.	19a. DATE OF OP	ERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINDINGS USED
					YES TO NOT	IN CERTIFYING CAUSES OF DEATH? YES NO NO
AND THE RESERVE OF THE PARTY OF	21a. ACCIDENT WA		216 TIME OF INJURY		PRED (ENTER NATURE OF INJU	
5546	OR CONTRIBUTING	CAUSE OF DEATH	HOUR A.M. MONTH E	19		
A D. T. Market B. C.	(IF EITHER NOTIFY					
to be a second of the second o	21d INJURY OC	CURRED	21e PLACE OF INJURY	211 LOCATION	CITY OR IO	OWN COUNTY STATE
the buratrons and Aesto Hyg sked or I'm 18 th	N(OT WHILE		211 LOCATION	CITY OR TO	IWN COUNTY STATE
A D TO SHOW THE REAL PROPERTY AND ADDRESS OF THE PARTY AND ADDRESS OF T	AT WORK	OT WHILE	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,) ottended the deceased from,	211 LOCATION	city OR 10	
A D. T. Market B. C.	220.1 certify the	ot white at (1) (this hospital)	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,) ottended the deceased from,	FARM, ETC.) 211 LOCATION STREET	to	
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and the second second	22a. I certify the saw the deabove, (1) (w	ot white at (1) (this hospital) receased alive an we) (did) (did not)	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,) ottended the deceased from,	FARM, ETC.) 211 LOCATION STREET 19	n death occurred an the de	that (I) (we) late and hour and from the couses stated
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PUNETAL DIRECTOR AND THE THIS CONTROL ORTANT I from 21 is marked or from AREDICAL AREDICAL	22a.I certify the saw the decabove, (1) (w 22b SIGNATUR	OT WHITE AT WORK at (1) (this hospital) (ceased alive an we) (did) (did not v	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,) ottended the deceased from, 11-7 rew the body after death.	211 LOCATION STREET , 19 , and that in (my) (our) apinion DEGREE ATTENDING PHYSICIAN	n death occurred an the de	that (h (we) la ote and hour and from the couses stated
though be definited for use in the bornal-th- int the State Dept, of Health and Meetal MPORTANT: If hem 21 is marked or them.	22a. I certify the saw the deabove, (I) (w 22b SIGNATUR 22d. PHYSICIAN 22d. PHYSICIAN 32d. BURIAL, CREMATI	OI WHILE CALL WORK At (1) (this hospital) At (2) (this hospital)	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, 1 ottended the deceased from 1/-7 new the body after death. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FACTORY) (AT HOME, STREET, FACTORY, OFFICE, FACTORY, OFFICE, FACTORY) (AT HOME, STREET, FACTORY, OFFICE, FACTORY) (AT HOME, STREET, FACTORY, OFFICE, FACTORY, OFFI	211 LOCATION STREET , 19 , and that in (my) (our) apinion DEGREE ATTENDING PHYSICIAN	MEDICAL STAID DIRECTOR PHYSIC	ote and hour and from the couses stated FF 122. DATE SIGNED FINAL 11-7 FA Aryp
APONE AS I mem 21 is marked or them who was the bound of the State Dept. of Health and Memba MPONTANT. If nem 21 is marked or them MEDICAL	22a. I certify the saw the de- above, (1) (w 22b SIGNATUR 22d. PHYSICIAN	OI WHILE TO ALL WORK OF THE AL	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, 1 ottended the deceased from 1/-7 new the body after death. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FACTORY) (AT HOME, STREET, FACTORY, OFFICE, FACTORY, OFFICE, FACTORY) (AT HOME, STREET, FACTORY, OFFICE, FACTORY) (AT HOME, STREET, FACTORY, OFFICE, FACTORY, OFFI	PARM, ETC.) 211 LOCATION STREET 19 2 C and that in (my) (our) apinion DEGREE ATTENDING PHYSICIAN 22e ADDRESS	MEDICAL STAL DIRECTOR PHYSIC	that (h (we) la ote and hour and from the couses stated
TO FUNETAL DIRECTOR, After this certification throads be detabled for use on the burnature with the State Dept. of Health and Mental IMPORTANT If them 21 is marked on them.	220.1 certify the saw the deadbove, (1) (w 22b SIGNATUR 22d PHYSICIAN (SPECIAL)	OI WHILE CALL WORK at (I) (this hospital) ceased alive an well (did) (did ngt v I'S NAME (TYPE OR PR AND	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, 1) ottended the deceased from 1/-7 riew the body after death. 23b, DATE 23c	PARM, ETC.) 211 LOCATION STREET 19 5 21 and that in (my) (our) apinion DEGREE ATTENDING PHYSICIAN 22e ADDRESS NAME OF CEMETERY OR CREMATOR	MEDICAL STAID DIRECTOR PHYSIC	19 T. that (I) (we) loo ote and hour and from the couses stated FF 1221. DATE SIGNED FF 11-7 FF COUNTY 1 STATE



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

E KEG. N	o. J		27	ø	2
a. DATE OF DEATH	MONTH	DAY	YEAR	2b HOU	IR
	11	18	87	94	SA M
AGE (IN YEARS LAST BIR	THDAY	IF UNDE	RIYEAR	IF UNDER	24 HRS
96	YRS	MON1HS	DAYS	HOURS	MIN,
BALTIMORE CITY C	R COUN	TY OF DE	ATH		

TYPE OR PRINT Clementia LILA SIGWALD 4. RACE 5. DATE OF BIRTH MONTH Female White May To. BIRTHPLACE (STATE OR FOREIGN

76. CITIZEN OF WHAT COUNTRY?

MARRIED NEVER MARRIED K

WIDOWED

91

Washington, D.C. USA IL CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION OWSON

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)

13c. CITY OR TOWN

13d INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE

NursingAssistant Nursing Home

Maryland 4 FATHER'S NAME

FOR

REGISTRAR DECEASED NAME

- STATE

Baltimore

Catonsville Sigwald

101 N. Rolling Road, 21228 15 MOTHER'S MAIDEN NAME Katherine

BLADDER

NO X

Welby

Stephen 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES NO OR UNKNOWN) No

166 SOCIAL SECURITY NO

217-34-8108 18 CAUSE OF DEATH (Enter only one cause Per line for (a), (b), and (c).
PART I, DEATH WAS CAUSED BY:

17 INFORMANT

Helen Sigwald, 2 Winesap Court

21228 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

Canditions, if any, which gave rise to immediate couse (0), stating the underlying couse

210. ACCIDENT WAS UNDERLYING

DUE TO, OR AS A CONSEQUENCE OF

DUE TO, OR AS A CONSEQUENCE OF

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1100

190 DATE OF OPERATION

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

HOUR A.M. MONTH DAY YEAR

20b. IF YES, WERE FINDINGS USED 20n AUTOPSY? NOF

IN CERTIFYING CAUSES OF DEATH?

216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2

COUNTY

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED

P.M 21e PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC 1

216. TIME OF INJURY

211 LOCATION

STATE

226 SIGNATUR

220.1 certify that the haspital attended the deceased from

22e ADDRESS Stella Maris Hospice

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

and that in (my) (our) opinion death accurred on the date and hour and from the causes stated

CITY OR TOWN

22c. DATE SIGNED

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

NOT WHILE

Carla S. Alexander, M.D.

236. DATE

Dulaney Valley Rd. - Towson, MD 21204

Mary Tand

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR

(SPECIFY)

230. BURIAL, CREMATION, REMOVAL

Burial

Hubbard Funeral Home, Inc., 4107 Wilkens Ave.

11/21/87

23c NAME OF CEMETERY OR CREMATORY New Cathedral Cemetery Baltimore

DEGREE

21229 750 DATE REC'D. BY REGISTRAR 256-REGISTRAR'S SIGNATURE

	1 5 5 7	STATE REGISTRAR		DICAL EXAMINER'S	CENTILICATE C	REC	3. NO.	3 4
E Van Service		CEASED NAME FIRST		WIDDLE	LAST	OF ESTI-		YEAR 26 HOUR
EEE 88 8		Dan	iel	BEN	Silberman	DEATH MATED	77	111
ARY, PLE LDIRECT M 72 HO TON STR	4	ALE WHITE	DEC. 8,	1110.	NDER 1 YR. IF UNDER	MIN PRONOUNCED DEAD		987 2d. HOUR 1:58F
NICESS FOR PARTIE	MA	RTHPLACE (STATE OR REIGN COUNTRY) RYLAND	76. CITIZEN OF WI	MARR WIDOV	IED NEVER MARR	Balt:	imore County	У мо
PACHE PACHE	Ra	andallstown	9608 SO	SPITAL, NURSING HOME, OR OTH Cility, give street address) Uthall Road, A	PT 1	120 USUAL OCCUPATION FOR MOST OF WORKING LIFE) RUSTPROFF	OR II	O OF BUSINESS NDUSTRY
E NAME OF THE PROPERTY OF THE	M		OR OTHER INSTITUTION, GI	13c CITY OR TOWN RANDALLSTOWN	13d. INSIDE CITY LIMITS? YES NO	APT. 1 9608	SOUTHALL R	D. 21133
	21	MORRIS		BERMAN	15. MOTHER'S MAID FIRST PEA	RL MIDDLE L		LOWITZ
THY F NAGE VISIO	NO NO		RMED FORCES?	166 SOCIAL SECURITY NO. 214-66-5796		R.MORRIS SIADB ON FARMS RD.	BALTO.,MD	21208
ULD BE EXECUTED WITHIN 3.4 "FENDING": IN PENCIL IN ITE FREDICAL EXAMINER AICH EN AS A BURIAL "RANSIT PE FREMATION, OR REMOVA CREMATION, OR REMOVA	z	Conditions, if any, whice gave rise to immediate cause (a) stating the <u>underlying cause last.</u> PART 2 OTHER SIGNIFICANT CONDITION	(c) (b)	AS A CONSEQUENCE OF AS A CONSEQUENCE OF BUT NOT RELATED TO THE TERMINAL DISEAS	E OR CONDITION GIVEN IN PA	RT l 10).		
CRANGE AND	ATIO	190 DATE OF OPERATION	196 CONDI	TION FOR WHICH OPERATION W	/AS PERFORMED?		20 AU	TOPSY?
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15747	TIFIC		and the second					NO 🗆
25年31	ICAL CERTIFIC	210. EXTERNAL CAUSE WAS UNDERLYING MOR CONTRIBUTING CAUSE OF	DEATH 1:50 P.M	1. MONTH DAY YEAR 1. 10-22 19 87	Subject took	ED LENTER NATURE OF INJURY IN ITE		S YELL NO L
RETINGS THE WORD REED TO THE CHIEF C	MEDICAL CERTIFICATION	UNDERLYING OR CONTRIBUTING CAUSE OF 214 INJURY OCCURRED	HOUR A.M 1:50 P.M 21e PLACE (STREET, FAC	1. MONTH DAY YEAR 1. 10-22 19 87 DE INJURY (ATHOME, 21f LC TORY, FARM, ETC.)		drugs		STATE
AINER: THIS CERTIFICATE SHO FIGATE, WRITING THE WORD BE FORWARDED TO THE CHIOR: PAGE 3 SHOULD BE US H THE STATE DEPARTMENT OF TAND, 21201 PRIOR TO BURN.	MEDICAL CERTIFIC	UNDERLYING OR CONTRIBUTING CAUSE OF CAU	HOUR A.M 1:50 P.M 21e PLACE C STREET, FACE HOUR A.M 21e PLACE C STREET, FACE HOUR A.M 21e PLACE C STREET, FACE HOUR A.M	A. MONTH DAY YEAR 1. 10-22 19 87 OF INJURY (ATHOME, OTHER) OTHER OF THE CONTROL	Subject took CATION STREET 9608 Southall Sty N. Inspection Homicide TITLE (SPECIFY) ASSISTANT	Road Randalls In . Inquiry Undetermined manner MEDICAL EXAMINER	county town, Balto.,0 and in my apinian X DATE SIGNED 1	o, MD state
THE 43 FOR THE STANDING BE AND THE STANDING BEARTMENT OF THE STANDING ST	~	UNDERLYING OR CONTRIBUTING CAUSE OF 21d. INJURY OCCURRED WHILE AT WORK 22d. I certify that I took characteristics and contribution of the contribu	HOUR A.M 1:50 P.M 1:50 P.M 21e PLACE of Street, FAC' Ho	A. MONTH DAY YEAR 1. 10-22 19 87 OF INJURY (ATHOME, OTHER) OTHER OF THE CONTROL	Subject took CATION STREET 9608 Southall CSY X. Inspection TITLE (SPECIFY) A.D. ASSISTANT	Road Randalls	county town, Balto.,0 and in my apinian X DATE SIGNED 1	o, MD state

AND SOLD THE COLUMN TO SOLD THE

William Building Common of Tables 1 1 14.

Bel Air Memorial

12 - 3 - 87

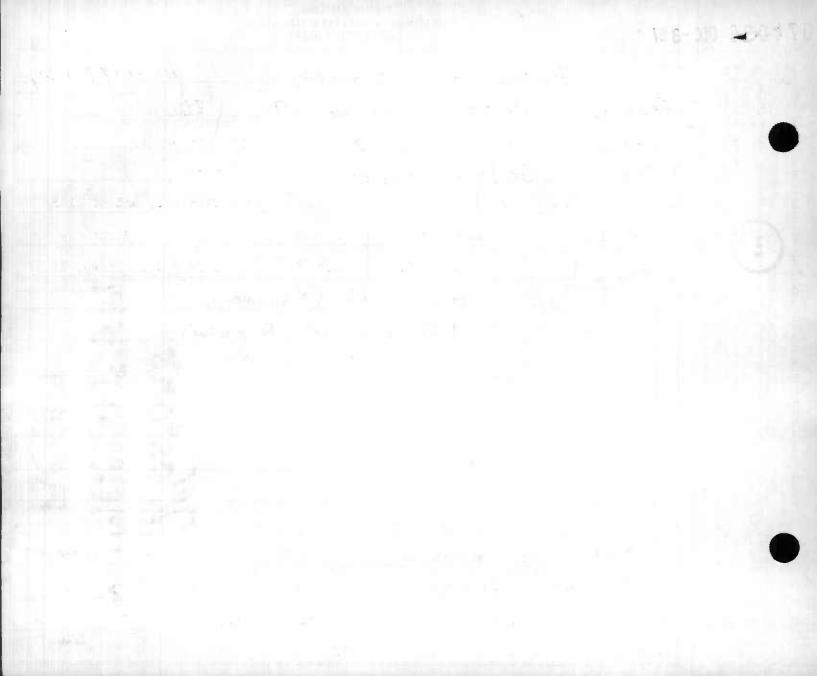
John C. Miller, Inc., 6415 Belair Rd., 21206

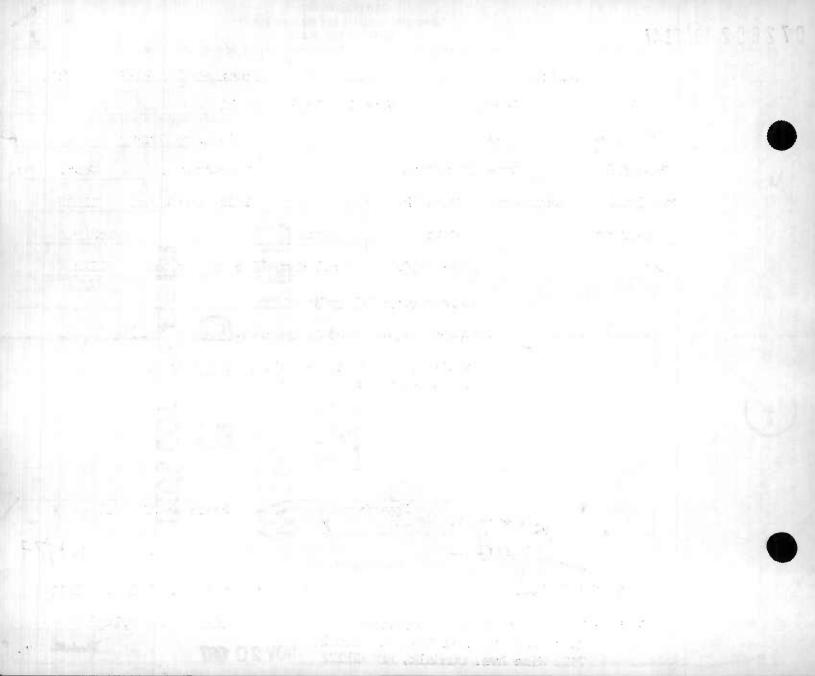
Harford

25a. DATE REC'D. BY REGISTRAN 251, REGISTRAN'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR





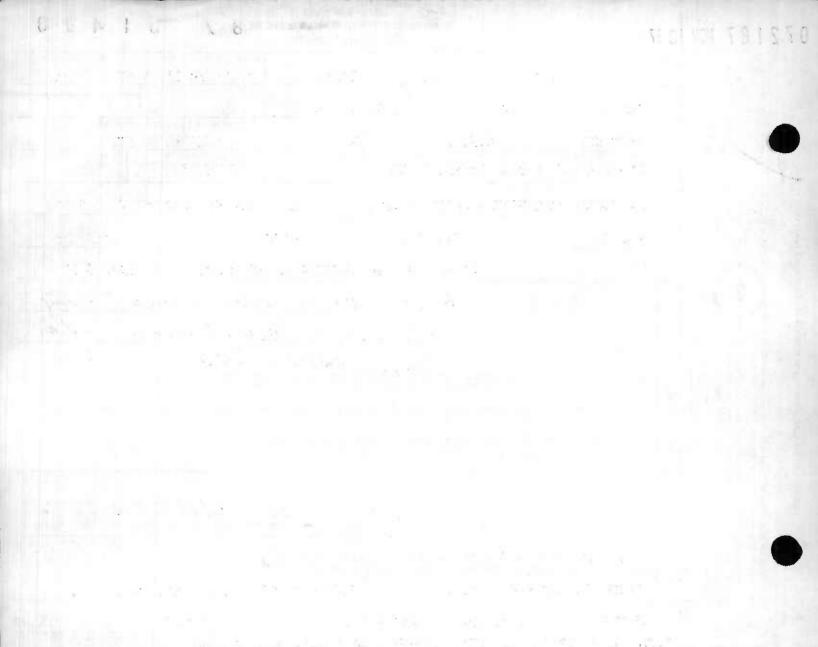
Walter Brooks Bradley, Inc. Baito., Md. 21222

(VRA 15, 4)

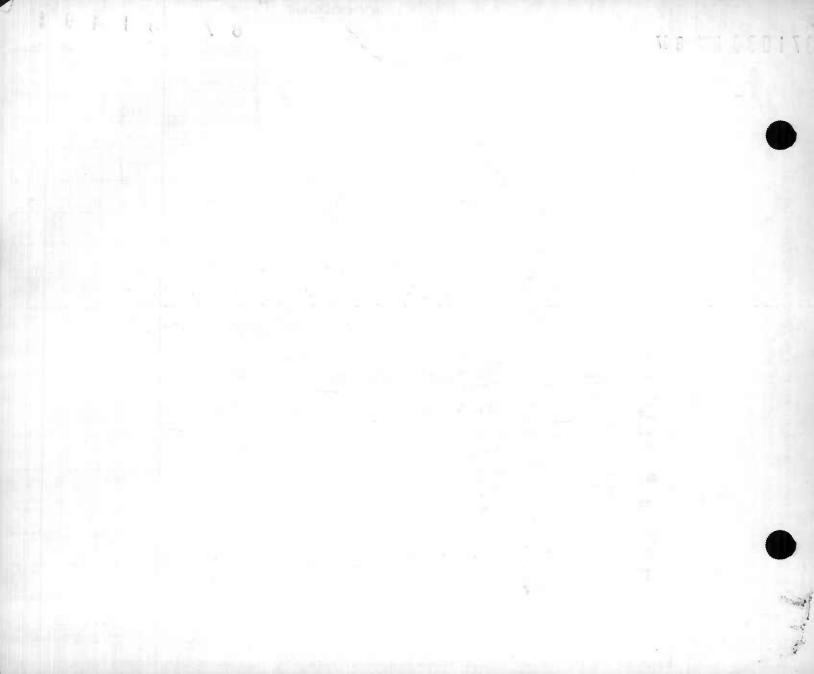
NOA 1 & 1885 INTELLEGISTREE

177	2660	NOV 2	3.1	I COR	DEPA	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL HYG	SIENE			
0 1 2	. 0 0 0			REGISTRAR CERTIFICATE OF DEATH						
				CEASED NAME FIRST	MIDDLE	LAST	26. DATE OF DEATH MONTH	YDAY YEAR TO HOUR		
	y be ge 3 eath		,,,,,		2 3	Smith	Nov. 1	4 1987 53A M		
	e 4 may b tor, page after deat		3. SE	× _ ' () '	RACE /// -/5	5 DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS		
	Page 2	опсе.		FEMALE	WHILE	Aug 27 1891	96 YRS	MONTHS DAYS HOURS MIN		
	ath. F	37	*70. B	RTHPLACE (STATE OR FOREIGN 71	CITIZEN OF WHAT COUNT	MARRED NEVER MARRIED	BALTIMORE CITY OR COUN	TY OF DEATH		
	er dea		10.0	Maryand	1 NAME OF HOSPITAL NIL	ES WIDOWED DIVORCED	Baltanote	County MD.		
_ /	the fu	13/	1.	ITY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE S	RSING HOME OR OTHER INSTITUTION REET ADDRESS)	126: USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	LIFE INDUSTRY		
120	24 hours	Sing Contract of the Contract	WSU.	AL RESIDENCE (IF NURSING HOME OR O	THER INSTITUTION GIVE RESIDENCE B	FOR ADMISSION)	taxxwite	Tatming		
AND 2120		we for	130 :	ARYIAND BALL	Yn 13c CHY OR 1	OWN 134 INSIDE CITY LIMITS?	130. STREET ADDRESS	N ED 21013		
YLAI	within tely fill should	E -	14. E/	THER'S NAME	Un Un U	15. MOTHER'S MAIDEN NA	ME	V PO, 01.013		
MAR		78	F	+ most MI	B LAST	adt Bouth	MIDDLE	12 LAST		
m,	executed a completed some 1 sund 2	med	16a V	VAS DECEASED EVER IN U.S. ARM		ECURITY NO. 17 INFORMANT	ADDRESS	No Transfer		
BALTIMO	be age	t, the	,	YES, NO OR UNKNOWN) (IF YES, GIVE W	220-	34-588 19+554/116	a Smith 142146	yer Ro Balduin		
BALI	(C) (C) (D)	- 2.5		18 CAUSE OF DEATH (Enter only	one cause per line for (o), (b	, and ici.i		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
ST., I	ng phy	remova atic eve		PART I. DEATH WAS CAUSED IMMEDIATE	BY.	1settive Fail	ure - MI			
	death tendin carbo	on, or remo			DUE TO, OR AS A CONSE	OUENCE OF		11		
PRESTON	9 2 6		100	Conditions, if any, which	(16) AS	CVV		16785.		
× .	th	or other		gove rise to immediate cause (a), stating the	DUE TO, OR AS A CONSE	OUENCE OF				
0 V	as t	. 0		underlying cause last.	(c)					
05, 2	v require	0	NO	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION O	IVEN IN PART I(a)		
Ö	Jee T	9 9 0	ATIO	190 DATE OF OPERATION	19h CONDITION FOR WH	ICH OPERATION WAS PERFORMED	200 AUTOPSY? 206. IF Y	ES, WERE FINDINGS USED		
LRE	the ha	shows	CERTIFICAT			TO TEXALIBRIT WAS TEXT ON THE	IN CERT	IFYING CAUSES OF DEATH?		
VITA	IAN: Sian. ficate	1 18 m	CERT	21a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18			
40		I tem		OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH	DAY YEAR				
O	· 4 5 4 5	d or	MEDICAL	214. INJURY OCCURRED	210 PLACE OF INJURY	21F LOCATION				
DIVISION OF	NDING attendir 3: After as the bu	marked	¥	WHILE ONOT WHILE O	(AT HOME, STREET, FACTORY, OFF	ICE, FARM, ETC) STREET	CITY OR TOWN	COUNTY STATE		
٥	TENE FOR: Use as	22. 09		22a.1 certify that (1) this haspital	l) attended the deceased fro	m Jan 1961	10 100	19 2, that (1) we) last		
	ATTEN pital or a ECTOR: for use a			saw the deceased alive an	view the body after death.	ond that in (my) (our) opinion	death occurred an the date and h	our and from the causes stated		
	hos hed	Dept.		226. SIGNATURE		DEGREE		22c. DATE SIGNED		
	TAL y the RAL detacl	ANT:	3	William	a. Tron	M D ATTENDING PHYSICIAN	DIRECTOR PHYSICIAN	11-14-87		
	SPI Sd by	th the State Dept. or		224. PHYSICIAN'S NAME (TYPE OR P.	RINT)	22. ADDRESS	1/ . 1	1 12012		
	TO HOSPIT, retained by t TO FUNERA should be det	APO!		William	179500	13.X 12 1	MITSSVILL	a My. 21087		
	F E E	M		URIAL CREMATION, REMOVAL	23b. DATE	30 NAME OF CEMETERY OR CREMATORY	23d. LOCATION	COUNTY STATE		
	BP		1	SURIAL	11-16-148/	BALLIMOILE CEMETER	BALTIMORE	C(TT, MD.		
	DHMH-1		24 FI	INERAL DIRECTOR	DE METAPORY	RIES PONVINIA 256. DAT	E REC'D. BY REGISTRAR 756. REGI			
	(VRA 15,	4) 1/79	-	VAII) CHAIEL	11 116110	Cor, property (10)	2 1 1987 Julia Dec	idoon-Mandalle		

1000 VE 100 1370 Rugusta B A-c 27 1891 96 Consection Failure - MI 16.75% 01754 12 23 rad 19 Dung 23 21 104 0 William to 1900 11-14-57 william A Tyson Box Is Morssinh med 21 47 NOV 2.1 1997 Commenced to the second



N. Comment		1				STAT	E OF MARYLAND	2 3 2 27	Mark .	
771	038 NOV -6	87	FOR STATE REGISTRAR		DEPARTA	CERTII	IEALTH AND MENTAL HYG ICATE OF DEATH	REG. NO	5 4 6	7 1
	m.e		CEASED NAME FIRST		MIDDLE		AST	20. DATE OF DEATH	MONTH DAY YE	EAR Zb HOUR
	page 3		FERDI	INAND		SM:	TH	NOVEMBER	4, 1987	4:15P m
	may pag	3 SE	X	4. RACE		5. DATE (6. AGE (IN YEARS LAST BIRT		YEAR IF UNDER 24 HRS
	Page 4 mo director, pr hours after	-	Male	Whit	е	Dec		81	YRS.	DATS HOURS MIN.
	8 50 g	7a. B	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	AAA DOIE	D NEVER MARRIED	9. BALTIMORE CITY O	COUNTY OF DEAT	гн
	deoth.		Maryland /	U.S.	Α.	WIDOW		Baltimor	e County	MD.
=	offer with defined with the f		TY OR TOWN OF DEATH	IF NOT IN SU	HOSPITAL, NURSIN CH FACILITY, GIVE STREET, Leasant	ADDRESS)	or other institution ins Rd. 2120	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	ON 12b. KI WORKING LIFE) INDUS	IND OF BUSINESS OR
2120	be fil	JJSU	AL RESIDENCE (IF NURSING HOME O	R OTHER INSTITUTION	, GIVE RESIDENCE BEFORE	ADMISSION)			ICIAII	DUCET
AND	within 24 hours erely filled in by 0,2 shooted be fill mither, mystipe in	Ma		234	Baltimo		YES 📉 NO 🗌		ietta Av	re. 21234
RY1	with 22 seed	14. F/	THER'S NAME FIRST	MIDDLE	LAST		15. MOTHER'S MAIDEN NAM	MIDDLE		LAST
×	De les	1	Ferdinand		Smith		Florence		Brig	laz
O. S.	Pages on medical exe		VAS DECEASED EVER IN U.S. A	RMED FORCES? IVE WAR OR DATES!	16b. SOCIAL SECU		17 INFORMANT	ADDRE		21204
TIM	S. Po		No -		213-09-3	3374	Lelia F. Ho	erl 8321		PlainsRd
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	ow requires that the death certificate been signed by the attending physici mit. Then please remove carbonapoper prior to buriol, cremation, or removal, any injury, or other traumatic event, the	CERTIFICATION	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS IMMEDIA Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT	DUE TO, C DUE TO, C DUE TO, C CONDITIONS C	OR AS A CONSEQUE	NCE OF	MESO 7	HECIO	DITION GIVEN IN PA	RT 1(a)
RE	n. n. pern ne p	FIC		178. CO. 12	morrow mich		- WASTERI ORACE	YES TO NOT	IN CERTIFYING CA	USES OF DEATH?
SION OF VITA	ENDING PHYSICIAN: The Id of a catending physician. DR. After this certificate has used to the burial-transit per Health and Mental Hygiene is marked at Item 18 shews	MEDICAL CERT	210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [CAUSE OF DI (IF EITHER NOTIFY MEDICAL EXAMINI 21d. INJURY OCCURRED	ATH HOUR A	OF INJURY .M. MONTH DA .M. OF INJURY REET, FACTORY, OFFICE, F.	19	211 LOCATION SIRRET	Name of the last	Y IN ITEM 18 PART 1 OR PA	RT 2)
ž	offer offer hon	2	AT WORK AT WORK							
	O HOSPITAL OR ATTENDIN etained by the haspital or TO FUNERAL DIRECTORs: at should be detached for use with the State Dept. of Health		220-1 certify that (1) (this hasp saw the deceased alive above. (1) (we) gold (dd o 224 SIGNATURE 224 PHYSKIAATS NAME UND SAMI Brait	St view the body	rofter death.	0	27±. ADDRESS	MEDICAL STAF	F 271. 1	, that (1) (we) lost m the causes stated DATE SIGNED
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	23a E	URIAL, CREMATION, REMOVA	L 236. DATE	23c. N	IAME OF C	EMETERY OR CREMATORY	23d. LOCATION	***************************************	STATE
	BP		BURIAL	NOV.	7,'87 DI	RUID	RIDGE CEMET	ERY BALTI	MORE CO.	
	DHMH - 16 50M 1/81		INERAL DIRECTOR		ADDOCT-		25a. DAT	REC'D. BY RECUSTAR	IS REGISTRAR'S SIC	SNATURE LALL
	(VRA 15, 4)	W	LLÏAM E. JOH	INSON 8	521 LÖCI	H RA	VEN BLVD. NO	1061 C A	O Day	



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 20. DATE OF DEATH MONTH 26 HOUR November 1, 1987 12:53P M 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS BALTIMORE CITY OR COUNTY OF DEATH Baltimore County, 12a USUAL OCCUPATION 126. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE! Own Home 13e. STREET ADDRESS / ZIP CODE 8005 York Rd. 21204 Unknown Lottie Hogarth - 33 Lamborne Rd., 21204 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES -21t. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY and that in (my) four) opinion death occurred on the date and haur and from the causes stated 22c DATE SIGNED ATTENDING STAFF PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS Charles F. O'Donnell, M.D. 7501 York Road Towson, Md. 21204 236. DATE 23c NAME OF CEMETERY OR CREMATORY Md.

DHMH - 16 60M 7/B4 (VRA 15, 4)

(SPECIFY)

Burial

24 FUNERAL DIRECTOR

230. BURIAL CREMATION REMOVAL

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

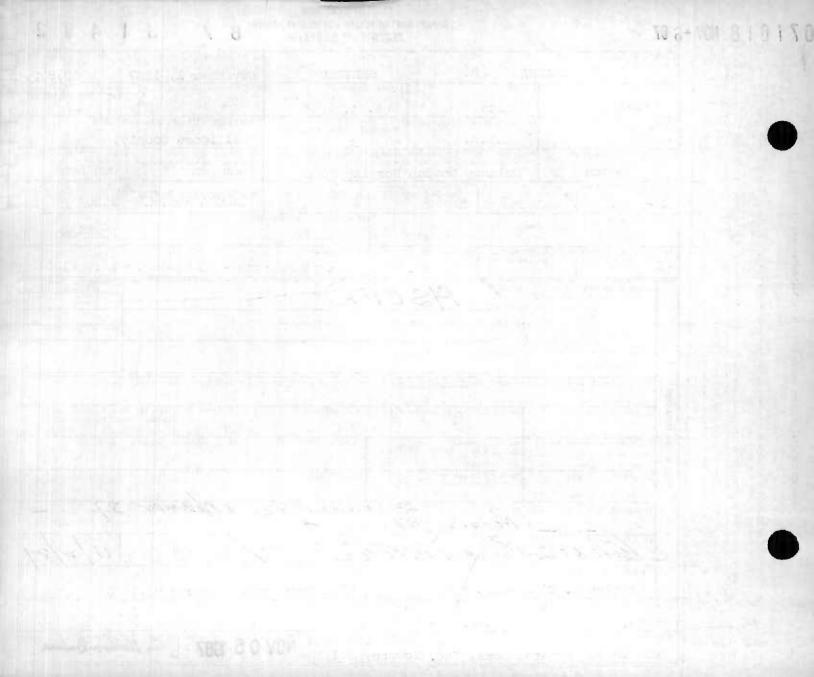
11 - 4 - 87

Parkwood

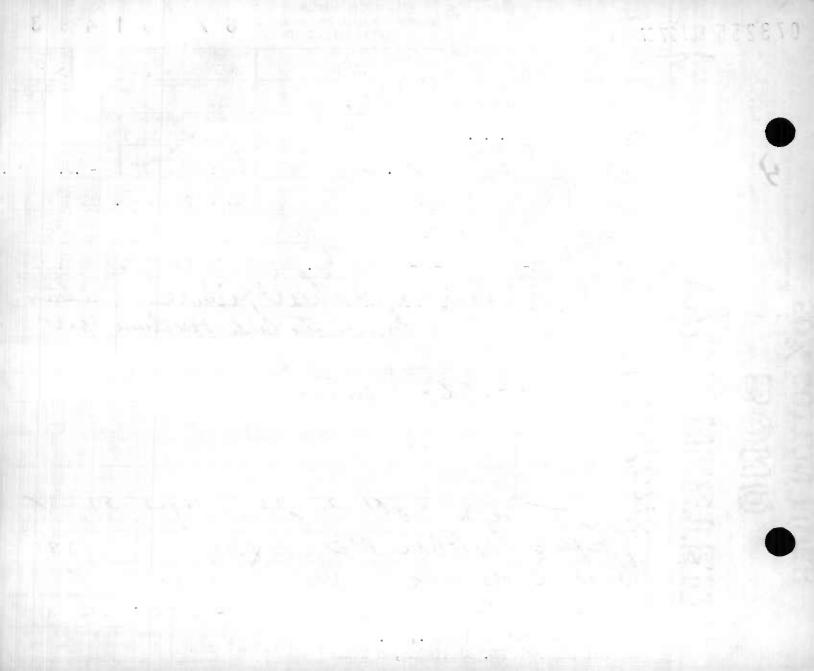
Parkville, Balto.,

250. DATE REC'D. BY REGISTRAR 251. REGISTRAR'S SIGNATURE Julia Deordson-Kondale

ADDRESS 1050 York Road Ruck Towson Funeral Home, Inc. Towson, Md. 21204



73255 NOV 2	7 8	STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH REG. NO.									
		CEASED NAME	FIRST	7.5	MIDDLE	ı	AST	20 DATE OF DEATH		YEAR	2b. HOUR
may be , page 3 fer death	(TYPE	OR PRINT)	BERNA				ROKA	NOVEMBER			2P. M
a de la	3. SE		· · ·	I. RACE		5. DATE C		& AGE (IN YEARS LAST BI	RTHDAY) IF U	JNDER I YEAR	HOURS MIN.
ge 4		MALE		CAUCAS	IAN	MAY	6, 1919 YEAR	68	YRS.		
Po S de de		RTHPLACE (STATE OR FO	REIGN 7		WHAT COUNTRY?	8. MARRIE	NEVER MARRIED	9. BALTIMORE CITY	OR COUNTY OF	DEATH	
Jeoth.		NEW YORK			-	WIDOWE	D DNORCED	□ BALTIMORI			MD.
officed with		30. STATE 13b. COU		11. NAME OF HOSPITAL, NURSING HOME OF HOSPITAL, NURSING HOME OF THE NEW THE ARCHITY, GIVE STREET ADDRESS) 3707 PINELEA RD. 21 DROTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) INTY 13c. CITY OR TOWN LTIMORE BALTIMORE			(TYPE OF WORK FOR MOST	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY ELECTRICAL ENGINEER-U.S. GOV			
BALTIMORE, MARYLAND 2120	13a. S					N	134. INSIDE CITY LIMITS	3707 PINI	13e. STREET ADDRESS 3707 PINELEA RD. 2		8
thire at the state of the state	14. FA	THER'S NAME		MODIF	LAST		15. MOTHER'S MAIDEN	NAME		1 4 5 7	
W TOTAL		AARON	~	NODLE	SOROKA		RÓŜE	MIDDLE		RUČENSKY	
icol 18		VAS DECEASED EVER IN			166. SOCIAL SECU	RITY NO.	17. INFORMANT	ADDR	ESS		
TIMORE Poper	(,	YES, NO OR UNKNOWN)	WWII.	-ARMY	082-18-3	198	MRS. RUT	H SOROKA 370	7 PINELE		
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BAI ING PHYSICIAN: The low require that the death certificate After this certificate has been signed by the attending the cost he buriol-tronsit permit. Then piense removed the and Mental Hygiene prior to burial, eremotion, or removed or them 18 shows any injury, or other troumatic event, the	TION	Conditions, if ony, gave rise to imme cause (a), stating underlying couse	S CAUSED MMEDIATE which diote the lost. FICANT C	DUE TO, O	IR AS A CONSEQUE ONTRIBUTING TO I	ENCE OF DEATH BUT PULL	lilies	Hailur Hallis Hall		Ser Ya	
NI RECC	CERTIFICATION	190. DATE OF OPERATION	ON	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, W IN CERTIFYIN YES	NG CAUSES	GS USED OF DEATH? NO
PHYSICIAN: T ending physici this certificate to buriot-transi ad Mental Hygi d or frem 18 sh	MEDICAL CER	210. ACCIDENT WAS UNDE OR CONTRIBUTING CA (IF EITHER NOTIFY MEDICA	USE OF DEAT	Ρ.	.M. MONTH DA	AY YEAR		URRED (ENTER NATURE OF INJ	JRY IN ITEM 18 PART	I OR PART 2)	
uG PHY: ottendia stree this stree but h and M	MED	21d. INJURY OCCURRE WHILE NOT WHILE AT WORK AT WORK			OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC.)	21f LOCATION STREET	CITY OR TO	NWC	COUNTY	STATE
ATTENDIA spital or CTOR: Af of healt n 21 is ma		220.1 certify that (1) (sow the deceased above, (1) (we) (dec	his beapile of olive on (did not	al) attended f	deceosed from 19 0			on death occurred on the	dote and hour or	nd from the c	
TAL OR y the hor RAL DIRE detached tote Depth total Till Her		226 SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYS								1/87	
TO HOSPITAL retained by 11 TO FUNERAL should be det with the Stote		JOSEP H	AE (TYPE OR	· MA	TCHAR		3685 01	d COURT K	S.	/	1
BP		BURIAL CREMATION, R		23117/19	787 OHE	EB SHA		L PARKSREPST			
DHMH - 16 50M 1/B1 (VRA 15, 4)		INERAL DIRECTOR SO			110011236		IN	OV 25 1987	R 25b, REGISTRAI		



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 87 STATE CERTIFICATE OF DEATH REG. NO I DECEASED NAME 20 DATE OF DEATH 26 HOUR (TYPE OR PRINT) 10 10:40 M poge r John 1987 Henry Souers, Jr. November 4. RACE 6 AGE (IN YEARS LAST BIRTHDAY) 3 SEX 5. DATE OF BIRTH IF UNDER I YEAR IF UNDER 24 HRS MONTH YEAR 1901 Male White Sept. 20 To BIRTHPLACE (STATE OR FOREIGN Th. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY Maryland U.S.A. WIDOWED DIVORCED [Baltimore County 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR INDUSTRY Randallstown Baltimore County Gen'l. Hospital Chief of Police A.A. Co. USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE Maryland Baltimore Catonsville NO X 4 Casev Ct. 21228 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE MIDDLE John Н. Souers, Sr. Grace В. Severe 17. INFORMANT (Daughter) ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. (YES, NO OR UNKNOWN) HE YES, GIVE WAR OR DATES! N/A 218.30.6402 Mrs. Blanche Spear No Same as #13 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE 103 DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NO YES | 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2) 71a ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH PM LIF FITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e PLACE OF INJURY 211. LOCATION CITY OR TOWN COUNTY STATE (AT HOME STREET, FACTORY, OFFICE, FARM ETC) NOT WHILE 22a I certify that (1) (this hospital) ottended the deceased from _______ 226. SHSNATURE 22c. DATE SIGNED MEDICAL . a. n. barle ATTENDING 11-10-87 DIRECTOR PHYSICIAN 22e ADDRESS GHASSEM OURMOTABBED 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 23a BURIAL, CREMATION, REMOVAL 236 DATE STATE (SPECIFY) Nov 13, 1987Glen Haven Mem. Pk. Burial Clen Burnie A.A. Co. Md. 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 60M 7/84 Dulia Davidson Randall Singleton Funeral Home, Glen Burnie, Md. (VRA 15, 4)

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ARRIVE NO.

DHMH - 16 60M 7/B4 (VRA 15, 4)

24 FUNERAL DIRECTOR Schamunek Funeral HOme, ADJanc. 9705 Belair Road, Balto, Md.

250 DATE REC'D. BY REGISTRAR 25, REGISTRAR'S SIGNATURE

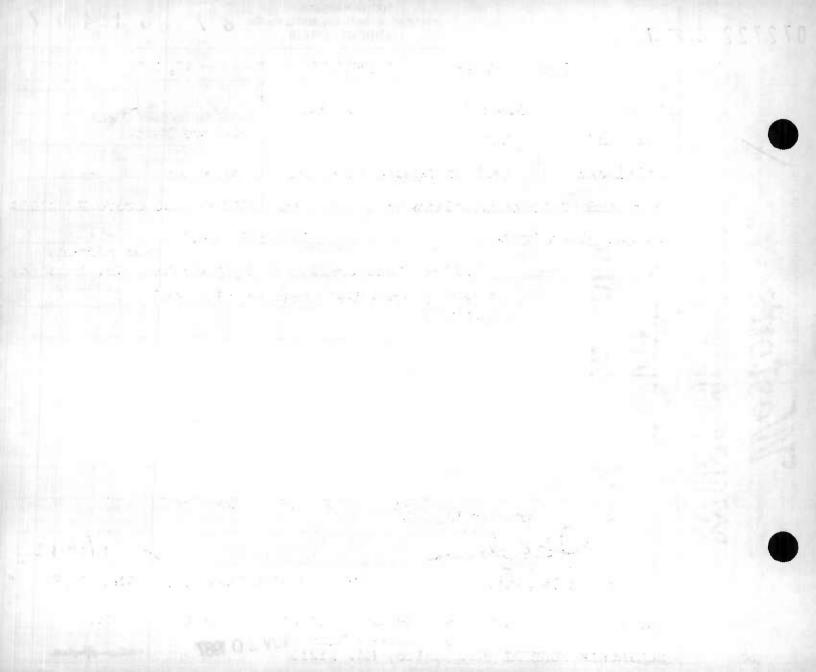


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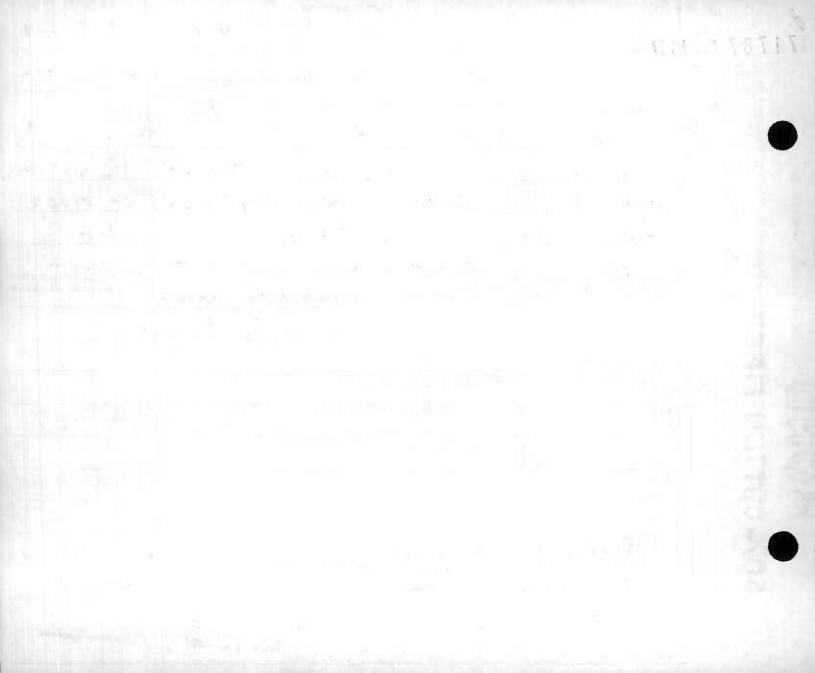
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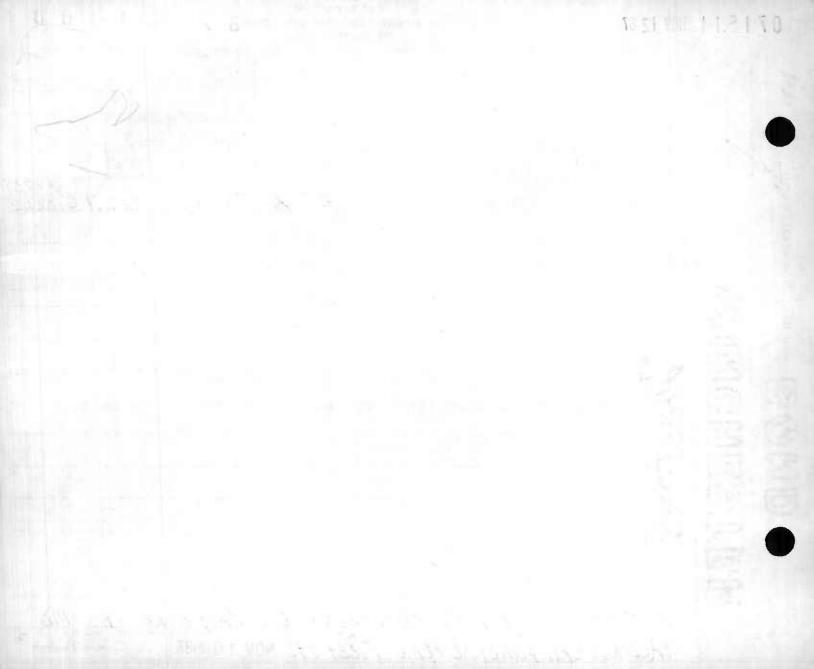


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE W. SPLIEDT DECEASED NAME 2a. DATE KNOWN MONTH EDERICK (TYPE OR PRINT) OF ESTI-DEATH MATED R FILES. HOURS STREET, 4 RACE S. DATE OF BIRTH SEX & AGE (IN YEAR DATE Sept. 21. White PRONOUNCED Male To BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY BALTIMORE CITY OF COUNTY OF DEATH MARRIED KNEVER MARRIED FOREIGN COUNTRY) Maryland Baltimore County WIDOWED DIVORCED 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS FYANKI'IN' So TREE HOSBital Steen USCO. Rossville 21237 13. SIREU ADDRESS River Grove Rd. 13d INSIDE CITY LIMITS? 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Evelyn Spliedt Frederick Miskimon BALTIMORE, 166 SOCIAL SECURITY NO 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (SOLING RORDATES) YES NO, OR UNKNOWN 220 385 117 Spliedt, Wife Same Linda 18. CAUSE OF DEATH (Enter only one cause per in far (a), (b), and (c) BETWEEN ONSET AND DEATH RIUSCLERUTE CARDIO -PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE ULAK DISEASE Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d) CERTIFICATION 19a, DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? NER: THIS CENTER WOLLD.
I CATE, WRITING THE WOLLD.
FORWARDED TO THE CHILD.
TOR: PAGE 3 SHOULD BE USED FOR THE CHILD.
TOR: PAGE 3 SHOULD BE USED TO BURNENT OF THE PEPAGE THE PEP 71a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH MEDICAL P.M. 21e PLACE OF INJURY (AT HOME 211 LOCATION STREET, FACTORY, FARM, ETC.) STREET STATE CITY OR TOWN COUNTY WHILE AT WORK EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFER DEATH, WITH THE ST BALLIMORE, MARYLAND, 2 77s. I certify that Lipak charge of the remains described obove, held on ACTUAL 23a. BURIAL, CREMATION, REMOVAL Burial Holly Hill Memorial Gardens Baltimore BP 07/84 25M 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S, SIGNATURE **DHMH - 17** PA 1407 Old Eastern Ave tes Divideon (VR A15 ME (S)

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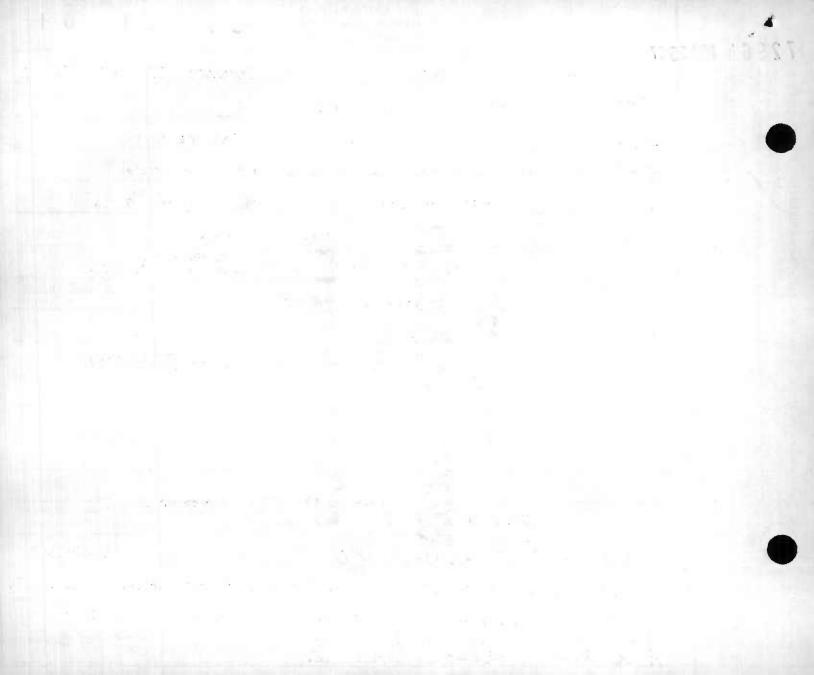
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	oy be	{ 1 Y P E	Rufus	· +.	5	tanley	11-	10-87 5:17.AM
	E - 5	3 SE	X	4 RACE	S. DATE C		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
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	h. Po		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUN	MARRIE	NEVER MARRIED	9 BALTIMORE CITY OR COUN	
	leof		VA	USA	WIDOWE	D DNORCED		owson MD.
	the for difficed with	10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE	IURSING HOME (ESTREET ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPATION	126 KIND OF BUSINESS OR INDUSTRY
201	S PE S	1150	Daltimere AL RESIDENCE (IF NURSING HOME OR	5+ Jose		pital	Jani tor	Towson St Univ
MARYLAND 2120	of and	13a. S	TATE . 136 COUN		FOWN	13d. INSIDE CITY LIMITS?	130 STREET ADDRESS / ZIP CO	DE St. 21202
RYL	ANN	M. F.	ATHER'S NAME	MIDDLE LAS	ST \	15. MOTHER'S MAIDEN NA	ME	1 1 LAST
	13. 13 /9/	1	Kutus Le	e stai	nley	Utelia	ADDRESS	Harris
BALTIMORE,	1		VAS DECEASED EVER IN U.S. AR/ YES, NO. OR YNKNOWN) JIF YES, GIVI	MED FORCES? 166 SOCIAL 212-2	16-6115	anne Demo	oru 7/5 Mura	Street
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., B	is (ZIAN): The low requires that the death certificate g physicion. certificate has been signed by the attending physic restricts has been signed by the attending physic riab-transit permit. Then please remove carbon paper and Hygiene prior to buriol, cremation, or removal tem 18 shows any injury, or other traumatic event, the	AL CERTIFICATION	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONS (b) DUE TO, OR AS A CONS (c) CONDITIONS CONTRIBUTING 196 CONDITION FOR W AND HOUR A.M. MONTH	SEQUENCE OF SEQUENCE OF G TO DEATH BUT	N WAS PERFORMED	IN CER	(ES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO
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۵	Z - 2 5 + 2		22a I certify that (I) (this hospit				, to	. 19, that (I) (we) lost
	문학 인하로 전		sow the deceased alive on above, (1) (we) (did) (did no	t) view the body ofter death.			death occurred on the date and h	
	SPITAL OR AT d by the hosp NERAL DIRECT he Stote Dept. or TANT: if Item 3		276 SIGNATURE	do Rom	nero	DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED
	retained by the TO FUNERAL should be detroited with the Stote IMPORTANT.		ER LANT	_	EIRO	22e. ADDRESS	goseph	Hospita
	D € 5 € 3 ₹	23a	BURIAL, CREMATION, REMOVAL	236 DATE	23c. NAME OF C	EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY STATE
	BP		BURIAL	11/13/87	EASTVIE	W CEMETERY	DUNDALK.	• MD
	DHMH - 16 60M 7/84		UNERAL DIRECTOR	3DA	DRESS	25a DA	TE REC'P. BY REGISTAR 256 REG	ISTRAR S SIGNA HOE
	(VRA 15, 4)	WM	. C. MARCH F/H.	INC. 1101 E	. NOR TH	AVENUE "		





DEPARTMENT OF HEALTH AND MENTAL HYGIENE 3 - STATE CERTIFICATE OF DEATH REGISTRAR REG NO 26 HOUR DECEASED NAME 2n DATE OF DEATH poge 3 (TYPE OR PRINT) 7:40 1987 STARR November Edith A AGE LIN YEARS LAST BIRTHDAY IF UNDER 1 YEAR IF UNDER 24 HRS 4 RACE 5. DATE OF BIRTH 3 SEX MONTH Female white oct 16, 1895 9 BALTIMORE CITY OR COUNTY OF DEATH In BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY USA Baltimore County Maryland WIDOWED XX DIVORCED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 10 CITY OR TOWN OF DEATH 12a USUAL OCCUPATION 12h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET AODRESS) Franklin Sq. Host Franklin Square Hosp. Housewife Baltimore bunty USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE REFORE ADMISSION) 136 COUNTY 13d. INSIDE ITY LIMITS? 13e STREET ADDRESS / ZIP CODE 13c. CITY OR TOWN Maryland 6605 Gary Ave 21224 Baltimore City 4 FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDOLE Alverta LAST HYNSON Elburn Jack 68 WAS DECEASED EVER IN U.S. ARMED FORCES? 6605 Gary Ave 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 219 14 3042 Salina Conner Baltimore, Md. 21224 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY. Cardiovascular Arrest IMMEDIATE CAUSE (0). DUE TO, OR AS A CONSEQUENCE OF Sepsis Conditions, if any, which gave rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF bleed, Electrolyte Abnormality. underlying cause lost. Intracranial PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:10 CERTIFICATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20n AUTOPSY? 206. IF YES, WERE FINDINGS USED 19a DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NOF Hygie 71a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH P.M (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION AT HOME STREET FACTORY, OFFICE, FARM, ETC) COUNTY STATE marked NOT WHILE November 87 November 22a I certify that (1) (this hospital) attended the deceased from saw the deceased alive an November 17 19 and that in (my) (our) apinion death occurred on the date and hour and from the causes stated obove. (1) (we) (did) (did not) view the body after death 22c DATE SIGNED 22b. SIGNATURE DEGREE 11-17-1987 MEDICAL ATTENDING STAFF PHYSICIAN DIRECTOR PHYSICIAN 274 PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS Franklin Square Drive., Balt. 21237. 9000 Coyle M.D. Denise 23a BURIAL CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY Chestertown, Md 20021620 CHester Cemetery 11/21/87 Burial 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR SIGNATURE FUNERAL DIRECTOR J. Willis Wells DHMH - 16 60M 7/84 1987 (VRA 15, 4) Chestertown, Md.

STATE OF MARYLAND



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2246 NOV 1	8 87	FOR STATE REGISTRAR		DEPAR	MENT OF H	OF MARYLAND EALTH AND MENTA CATE OF DEATH		1 5	0 3	
m.c		CEASED NAME FIRST Edwin	M	IDDLE		Stein	20 DATE OF DEATH' MONTH	DAY YEAR	2b. HOUR	
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ge 4 moy ector pog rrs ofter de	3. SE	x Male	White		5 DATE O	F BIRTH DAY VEA 07	0.0	MONTHS DAY		
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1000	14 FA	John F	rederick	Stein		15. MOTHER'S MAIDI	MIDDLE		raun	
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deoth cer		DUE TO, OR AS A CONSEQUENCE OF cardiorespiratory arrest Conditions, if ony, which (b) minutes								
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on. hos been t permit. ene prior	CERTIFICATION	190 DATE OF OPERATION	196. CONDI	TION FOR WHIC	H OPERATION	N WAS PERFORMED	20a AUTOPSY? 20b. IN C	IF YES, WERE FINE ERTIFYING CAUS YES [DINGS USED ES OF DEATH?	
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ING PHYSICIAN r ottending phys ther this certifice os the buriol-tro ith and Mental Ith orked or Item 18	MEDICAL	21d, INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE C			211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE	
TTENDIN ortol or TOR Aft for use or of Health		22a I certify that (I) (this has sow the deceased alive above, (I) (we) (did) (did)	on 11/	14 19		d that in (my) (our)	87 to 11/14 pinion death occurred on the date on		_, that (I) (we) lost he couses stated	
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DHMH - 16 60M 7/84 (VRA 15, 4)		Burial UNFRA/SHESISO / Lemmon-Mitcl	1 1000	11		- 2	Su. DATE REC'D. BY REGISTRAR 256, R	EGISTRAR'S SIGN		

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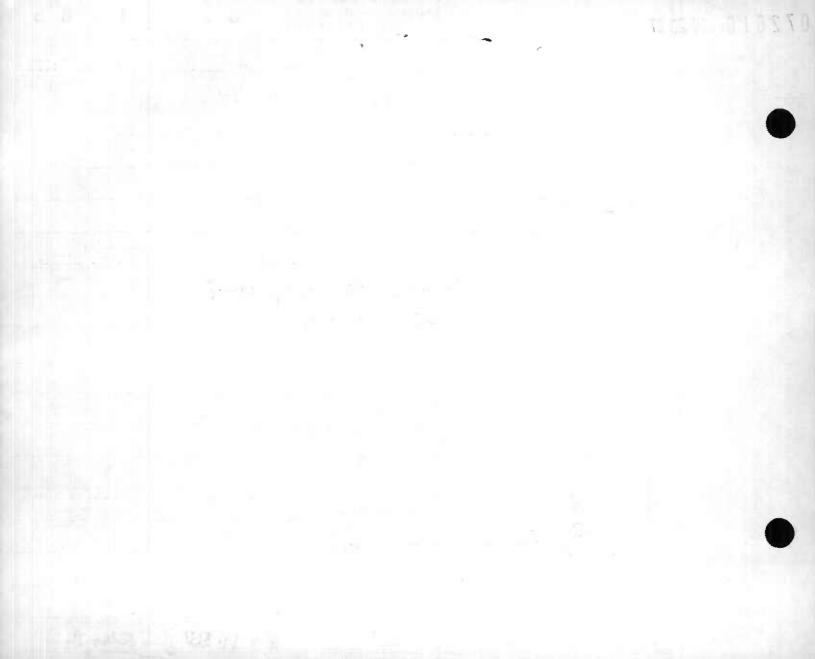
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	FOR		STATE OF MARYLAN DEPARTMENT OF HEALTH AND ME		3 1 5 0 4
7 1 11011	- STATE REGISTRAR		CERTIFICATE OF DE	REG. N	
THE NUV -9	(MPE OR PRINT)		LAST	20. DATE OF DEATH	MONTH DAY YEAR 26 HOUR
r deoth	E				11 5 87 12:30Am
1	3. SEX	4. RACE		6. AGE (IN YEARS LAST BIR	THOAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
hours	FEMALE	DEPARTMENT OF HEALTH AND M CERTIFICATE OF D MIDDLE 1. RACE 1. R	05 81	YRS.	
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	10 CITY OR TOWN OF DEATH CATONSVILLE	(IF NOT IN SUCH FACILIT	Y, GIVE STREET ADDRESS)	UTION 128. USUAL OCCUPATION (TYPE OF WORK FOR MOST C)	
build be must be	13e. STATE 13b	COUNTY 13c. CI	TY OR TOWN 13d INSIDE CITY		CK GARTH WEST 21228
2 07	14. FATHER'S NAME		15. MOTHER'S A	AAIDEN NAME	
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should be deto with the Stote [IMPORTANT: If	McCurdy		1311	Francis Avenue	
5 % <u>*</u> <u>*</u>	230 BURIAL, CREMATION, REA	AOVAL 236. DATE	23c. NAME OF CEMETERY OR CR	EMATORY 23d LOCATION	COUNTY STATE
	Burial	11/7/87	Loudon Park Cer		
6 50M 1/81	24 FUNERAL DIRECTOR		ADDRESS 21229	25a. DATE REC'D. BY REGISTRAR	B REGIS RATES SIGN JURY
15, 4)	Hubbard Fune	cal Home, Inc.	4107 Wilkens Ave.	MUY U O BBZ	time truly and

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A IX	221	1	Charles		tiemly			erine		Gebha	ardt	
1	10		WAS DECEASED EVER IN U.S., YES, NO OR UNKNOWN) (IF YES,	ARMED FORCES? GIVE WAR OR DATES)	P 166. SOCIA	L SECURITY NO.	17. INFORMAN	4T	ADDR	SS Balti	imore,	MD
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ugn en p	ury,	z	PART 2 OTHER SIGNIFICAN	I CONDITIONS	CONTRIBUTION	G TO DEATH BUT	NOI RELATED I	IO THE TERM	IN AL DISEASE OR CON	DITION GIVE	N IN PART I	0
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Price B	(no	1	196 DATE OF OPERATION	19b. CON	DITION FOR V	VHICH OPERATIO	N WAS PERFOR	MED	200 AUTOPSY?		WERE FINDING CAUSES	
has per	3	CERTIFICATION							YES NOW	YES		NO I
ysicio cate ansit Hygie	S. S	1 2	210. ACCIDENT WAS UNDERLYING		OF INJURY		21c HOW INJ	URY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PA	RT I OR PART 2)	
	8		OR CONTRIBUTING CAUSE OF	DEATH		H DAY YEAR						
YSICIA ding ph s certifi burial-ti Mental	=	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAM		P.M.	19						
his his	ō		21d. INJURY OCCURRED		E OF INJURY	OFFICE, FARM, ETC.)	211 LOCATION	N	CITY OR TO	WN	COUNTY	STATE
on and	× eq	>	AT WORK NOT WHILE	(A) HOME.	SIRECT, FACTORS,	SFFICE, FARM, ETC.)						
Af a Af	10		22s.1 certify that (Million ha	unital\ attended	the decented	tram	-	. 19	to	1	0	that (I) (we) la
Te S. S.	- va		226.1 Certify that Commission	spiror) oriended	me deceased		14 42 40 34					
R ATTEN haspital RECTOR red for u	121		above, (I) (ye) did (did	nat_view the bar	de after d eath.	IV.	na that in (my) (our) opinion (death accurred on the d	ate and hour	and from the	couses stated
OR A e hay DiRE Sched	Te T		225 SIGNATURE T	H	D		DEGREE				22c. DATE	SIGNED
O p O p O	-	1	/ Churs	11-			AAD AT	TENDING V	MEDICAL STA	FF	Nov. 1	8, 198
RA de	ž	1	22d, PHYSICIAN'S NAME (TY	un			220 ADDRESS		DIRECTOR PHYSIC	IAN []	1101 1	.0, 1907
od b	Y /	1										
O HOSPIT etained by TO FUNER shauld be a	MPORTAN		Allen Hettler	nan , M	.D.		1777 R	Reister	stown Road	Pikes	sville.	, MD
5 g 5 4 3	3		BURIAL, CREMATION, REMOV	AL 23b. DATE		23c NAME OF	EMETERY OR CI	REMATORY	23d. LOCATION			
pp.	*		(SPECIFY) Burial	Nov 2	1 87	Holy D	edeemer	Com	Roltimore	MD	COUNTY	STATE
BP	_	-					-deemer		Baltimore			
DHMH - 16 50M 1/	/81	74. F	UNERAL DIRECTOR DIPI	PEL FUNE	RAL HOM	E, INC.		250. DAT	E REC'D. BY REGISTRAR			The state of the s
(VRA 15, 4)		7	110 Belair Roa	ad Balt	imore,	MD 21200	5	NO	V 19198	Julia D	within.	Paris S
		d										



	1-	FOR STATE REGISTRAR		DEPAR	RTMENT OF H	EALTH AND MENTAL H ICATE OF DEATH	YGIENE 8	REG. NO.	1 5	0 6
8 8 5 NOV 16	3. SEX	CEASED NAME FIRST OR PRINT) Helen	M A RACE	WIGOLE	Stie	F BIRTH	Nov	rember 11,	1987 IF UNDER 1 YEAR MONTHS DAYS	25 HOUR N
Page 4 director hours of	7a. 81	Female	Whi:	te WHAT COUNTR	Y? 8.	4, 1900 YEAR	9. BALTIM	YRS. ORE CITY OR COUN		NOURS MIN.
deoth.		OUNTRY) Md.	USA	HOSPITAL NUR	WIDOWE	DINEVER MARRIED DIVORCED DIVORCED DIVORCED	Bal	timore Cou	· ·	ME OF BUSINESS OR
by the		Carney	Reve	re Apt.	2 G. Po	eabody Ct.	HO HO	RK FOR MOST OF WORKING	LIFE) INDUSTRY	
24 hour	13a. S	RESIDENCE (IF NURSING HON TATE 136 CO	E OR OTHER INSTITUTION BUNTY	13c. CITY OR TO	NWC	13d. INSIDE CITY LIMITS' YES NO A	13e.STREET Rev	ADDRESS / ZIP CO	21 2 G. Pea	234 body Ct
malete and x	14. FA	THER'S NAME Henry	A. MIDDLE	Werking	_	15. MOTHER'S MAIDEN	NAME		ebler '^	51
be execu		(AS DECEASED EVER IN U.S. es, no or unknown) (IF yes no	ARMED FORCES?	166. SOCIAL SE 217-03-		Mrs. Eliz	abeth I	ADDRESS Ovorak 12 I		CE.
quires that the death considered by the attending the please remove carbon bounds, cremation, an niury, or other traumatic	NO	Canditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICAL	DUE 10, 2	PR AS A GONSEC	men	hellete e left for NOT RELATED TO THE TE	we le	ele Aspa 271 SEPR CONDITION O	SIVEN IN PART 1	0
N: The law re ingression. It is a been record permit. Hygiene priori Physics priori 18 shows ony it	CERTIFICATION	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING		_	CH OPERATIO	N WAS PERFORMED	YES D	NO Z	ES, WERE FINDI TIFYING CAUSE: YES []	
otending phy otending phy fter this certific os the burial-tre h non dwrial-tre h non dwrial-tre	MEDICAL C	OR CONTRIBUTING CAUSE O (IF EITHER, NOTIFY MEDICAL EXAN 21d INJURY OCCURRED WHILE NOTIFY MEDICAL EXAN AT WORK AT WORK	AINER) P	.M. MONTH .M. OF INJURY REET, FACTORY, OFFICE	19	211 LOCATION STREET		CITY OR TOWN	COUNTY	STATE
I. OR ATTENDING the hospital or I. DIRECTOR: A stacked for use the Dept. of Heall is If them 21 is min.		22a I certify that (I) (this h saw the decased alive above, (I) (ye) (did) (did)	e an_/////	19	871,01	d that in (my) (a) apin DEGREE ATTENDING PHYSICIAN	S MEDICA	U.S. 1919		
TO HOSPITA retained by TO FUNERA should be de with the State MAPORTANT	22- 0	Donald W.	Mintzer	MD) 'V/	3009 Evergi	reen Ave	Baltimore	e Maryla	nd
BP		urial, cremation, remo specify) Burial				emetery or cremator ad Memorial	Ba	ltimore		ryland
DHMH - 16 60M 7/84 (VRA 15, 4)	24 F	INERAL DIRECTOR NAME Leonard J. R	uck Inc.	Baltimo	re. Mar		DATE REC'D. BY	REGISTRAR 256, REG	istrar's signa	4

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES T 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE NOV-13 and that in my (aur) opinion death accurred on the date and hour and fram the causes stated DEGREE 22c DATE SIGNED ATTENDING MEDICAL . G.M FUNERAL uld be deta DIRECTOR PHYSICIAN IMPORTAN 22e ADDRESS 774 PHYSICIAN'S NAME (TYPE OR PRIN WILLIAM LOY YAP MD BALTIMORE COUNTU 23¢ NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY) STATE **Birial** Cacher Hill Cametery Brooklyn Anne Anno 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE Loring Byers Funeral Directors, Inc DHMH - 16 60M 7/84 (VRA 15, 4) 8728 Liberty Road Randallstown Maryland 21133

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2b. HOUR

125. KIND OF BUSINESS OR

21217

BETWEEN ONSET AND DEATH

IF UNDER 1 YEAR

September 1991 - Company of the Comp

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Streckfus

23c NAME OF CEMETER

Oak Lawn

LAST

5. DATE OF BIRTH

Sept.

MONTH

WIDOWED

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 🔀 **CERTIFICATE OF DEATH**

00

YEAR

1000

sel	06. 27 1099	88	YRS.	
AA A DD IE I	NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY OF DEATH	
MIDOWE	_	Baltimo	re County	MD.
	OR OTHER INSTITUTION	12a USUAL OCCUPATE	ON 126 KIND OF	BUSINESSOR
ress)	er-PerringPky.	1	F WORKING LIFE) INDUSTRY	
MISSION)				
	13d. INSIDE CITY LIMITS? YES T NO 内	13e STREET ADDRESS	1.7 7 071	207
	15 MOTHER'S MAIDEN NAM	61/ Fran	klin Ave. 21	221
	FIRST	WIDDLE	LAST	
	Agnes	4 DDDE	Yankevicz	
TY NO.	17. INFORMANT	AUURE	33	
25_	Henry Streck	fus 506 Tol	lgate Road 2	
My	OCARDIAL	INFARC	APPROXIMA BETWEEN ON	ATE INTERVAL ISET AND DEATH
	21'03 CLERO			
CE OF		671		
ATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN PART 1(a	
PERATIO	N WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FINDING IN CERTIFYING CAUSES O	
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YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUS	LY IN ITEM 18 PART I OR PART 2)	
M, ETC)	211 LOCATION STREET	CITY OR TO	wn COUNTY	STATE
		to	, 19, th	ot (I) (we) lost
or	nd that in (my) (our) opinion o	death occurred on the de		
	DEGREE ATTENDING	MEDICAL STAF	22c. DATE S	IGNED
	22e ADDRESS			
	7122 11/	PREORD	Pd. 212:	34
	EMETERY OR CREMATORY	23d. LOCATION	. CONNIY. T	STATE
ık La	wn Cemetery	Bal	timore Maryla	ana
	25a. DATI	REC'D. BY REGISTRAR	256. REGISTRAR'S SIGNATU	RE
. 21	221 NOV	1 3 1987 /	in Devilor Rade	146

REG. NO

November 9 1987

26 HOUR

HOURS

IF UNDER 24 HRS

IF UNDER I YEAR

2a DATE OF DEATH

& AGE (IN YEARS LAST BIRTHDAY)

should be detoched with the Stote Dept. IMPORTANT: If Item FUNERAL BP

REGISTRAR

Female

COUNTRY

7a. BIRTHPLACE (STATE OR FOREIGN

Maryland

Baltimore

Md.

4. FATHER'S NAME

no

CERTIFICATION

MEDICAL

Joseph

IYES. NO OR UNKNOWN)

10 CITY OR TOWN OF DEATH

FIRST

Anna

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

Conditions, if ony, which gove rise to immediate couse (o), stoting the

underlying couse

19a DATE OF OPERATION

21d INJURY OCCURRED

23a BURIAL, CREMATION, REMOVAL

Burial

22b. SIGNATURE

21a. ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH

LIF EITHER, NOTIFY MEDICAL EXAMINER)

NOT WHILE

sow the deceosed alive on

22a 1 certify that (1) (this hospital) attended the deceased from

obove, (I) (we) (did) (did not) view the body ofter death

E.

76. CITIZEN OF WHAT COUNTRY?

Tribull

11. NAME OF HOSPITAL, NURSING HOME OR OTHE (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

MeridianNursingCenter-P

Essex

DUE TO, OR AS A CONSEQUENCE OF RE

196 CONDITION FOR WHICH OPERATION WAS

HOUR A.M. MONTH DAY YEAR

AT HOME STREET FACTORY OFFICE FARM ETC.)

DUE TO, OR AS A CONSEQUENCE OF

LAST

166 SOCIAL SECURITY NO.

212-26-3525

4. RACE

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE
130. COUNTY
131. CITY OR TOWN

Balto.

MIDDLE

(IF YES, GIVE WAR OR DATES)

18 CAUSE OF DEATH | Enter only one couse per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RE

216. TIME OF INJURY

P.M.

21e PLACE OF INJURY

White

1. DECEASED NAME

TYPE OR PRINTI

3. SEX

DHMH - 16 50M 1/81 (VRA 15, 4)

24 FUNERAL DIRECTOR

Connelly Funeral Home 300 Mace Ave. 21221

11/12/87

APT - 1 - 1 - 1 - 1 - 1 - 1

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page . St lead to the first x x xxxx sportfor a configuration

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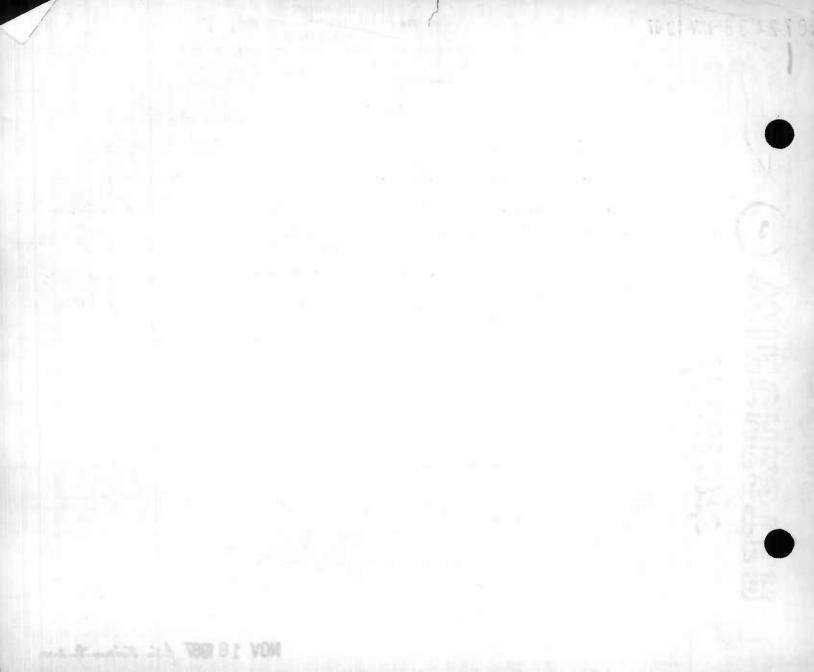
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17	-	1				E OF MARYLAND	Part S	
713	R 1 2 NOV	1 8	FOR STATE REGISTRAR			FICATE OF DEATH	REG. NO.	0 1 0 1 1
1-1) Z 1107	I. DE	CEASED NAME FIRST	MID:	4	ČAST	20. DATE OF DEATH MO	NTH DAY YEAR 25 HOUR
	may be page 3 er death	3. SE	SYL	I RACE	T. SUS	NO5KY DE BIRTH	6. AGE (IN YEARS LAST BIRTHD)	-6-87 7 AM
	A offe	3. 30		M	MONT		77	MONTHS DAYS HOURS MIN
	erol direct		IRTHPLACE (STATE OR FORFIGN COUNTRY) MASS	76 CITIZEN OF WE	MARRIE	D NEVER MARRIED DIVORCED IX	BALTO.	COUNTY MD
	offer de	10 C	TOWSON	11. NAME OF HO	SPITAL, NURSING HOME (ACILITY, GIVE STREET ADDRESS)	OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WI	ORKING LIFE! 126. KIND OF BUSINESS OR
120	in b	Usu	AL RESIDENCE (IF NURSING HOR	AE OR OTHER INSTITUTION, GIV	MARIS HOS		CHIEF AD.	SUPV.FT. HOWARD
AND 2	filled hoofld hoofld	130.	MD.		c. CITY OR TOWN	136. INSIDE CITY LIMITS? YES NO 🛱	130. STREET ADDRESS UNKNOWN	y 77777
MARYL	ompletely ord 2 sh exemplet	7 14. F	ATHER'S NAME FIRST SALVADOR	ANTETOM	A.SO	MARY DEW		LAST
BALTIMORE, MARYLAND 2120	on and co		MAS DECEASED EVER IN U.S YES, NO OR UNKNOWN) 116 YE	S GIVE WAR OR DATES!	6 SOCIAL SECURITY NO. 098-03-776	MARY ANT	ETOMASO - E	ister LUTHERVILLE, MD
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,	equires that the death certificat in signed by the attending physis Then please remove carbanpop to burial, cremation, ar remova injury, or ather traumatic event,	NOI	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last	(b)	S A CONSEQUENCE OF	UT STRO	MINAL DISEASE OR CONDITI	ION GIVEN IN PART Ito
AL RECO	The law re ician. te has been sit permit. rgiene prior	CERTIFICATION	No. DATE OF OPERATION	1% CONDITIO	ON FOR WHICH OPERATIO	IN WAS PERFORMED	YES NO	IN IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH? YES NO NO
OF VITA	phys tifico of Hy of Hy	0.2	THE ACCEPT WAS UNDERLYING OR CONTRIBUTING CAUSE O	DEATH HOUR A.M.		214. HOW INJURY OCCUR	RED (CHIEF HATLAS OF HOLES PO	IT(M.18. PART.) GE PART.3)
VISION	HY Sid of Pe	MEDICAL	THE INJURY OCCURRED	21s, PLACE OF (AT HOME, STREET	INJURY /	2H LOCATION	CHY OF NOWN	COUNTY STATE
٥	OR ATTENDING P te haspital ar atter DIRECTOR: After tl sched for use as the Dept. af Health and f Hem 21 is marked		27s.1 certify that (f) (this h saw the decrased allow above, (f) (we) (did) (di	11-5	15/ 10 87 0		death accurred on the date	19.87 that (f) (wr) last and hour and from the courses stated
•			TIN SIGNATURE		_	ATTENDING PHYSICIAN (MEDICAL STAFF DIRECTOR PHYSICIAN	11-6-87
	HOSPI ined b FUNE buld be that so		DR. E DDI		HUDA	22e ADDRESS	LA MARI	
	P P P S S F F		BURIAL, CREMATION, REMO ISPECIFY) Remova.1	23b. DATE 11-6-8		CEMETERY OR CREMATORY	236 LOCATION CITY OF TOWN	COUNTY STATE
C	0HMH - 16 50M 1/81 (VRA 15, 4)	24 F	uneral director NAME State Anato	my Board	Balto.,	Ma	TE REC'D. BY REGISTRAR 256 V 0 9 1987	REGISTRAR'S SIGNATURE

TOTAL SOLLTON

72438 NO	V IS		FOR STATE REGISTRAR		DEPARTMENT OF	TE OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	REG. N		1 2
. e. e. e.			OR PRINT)	WIDDLE	a .	TAST	20 DATE OF DEATH		26 HOUR
o			Nora Lee	Luverne		eczkowski	November		M
ge 4 moy ector, pog irs after de		3. SE	Female	White		OF BIRTH 14 19 25 YEAR	6 AGE (IN YEARS LAST BIT	MONTHS DAYS	HOURS MIN.
nerol dir	5	7a. BI	RTHPLACE (STATE OR FOREIGN COUNTRY) Marvland	75. CITIZEN OF WHAT CO	DUNTRY? B. MARRI WIDOV	ED NEVER MARRIED DIVORCED	Baltimore city of	ore County	MD
1 4 4 5 4 5 4 5 4 5 4 5 4 5 5 5 5 5 5 5	Pa (10. CI	TY OR TOWN OF DEATH			OR OTHER INSTITUTION	12a USUAL OCCUPAT		OF BUSINESS OR
Tile y	00		Balto.	6514 Colga	ate Ave.		Housewife		
hours of the file	most b	13a. S	AL RESIDENCE (IF NURSING HOME OF TATE 136, COU	NTY 13c CITY	ence before admission or town Balto.	134. INSIDE CITY LIMITS?	13e. STREET ADDRESS	gate Ave. 2	1000
1 16	e	14. FA	THER'S NAME			15. MOTHER'S MAIDEN NA	WE	gate Ave. Z	1222
3: 1:	E ()		George	Wendou Vendou	iern	Jennie	WIDDLE	Stanley	AST
	dico		VAS DECEASED EVER IN U.S. A	IVE WAR OR DATES)	CIAL SECURITY NO.	17. INFORMANT	ADDR	ESS	
S. Pe	e w		no	220	1-14-3907	Anthony Swi	eczkowski 6	514 Colgate	Ave. 213
equires tho n signed by Then pleas	ws any injury, or other from	CERTIFICATION	Conditions, if any, which gave rise to immediate cause (a), stoffing the underlying cause lost. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION		TING TO DEATH BU	IT NOT RELATED TO THE TERM	200 AUTOPSY?	ZOB. IF YES, WERE FIND IN CERTIFYING CAUSE YES T	INGS USED
VITAI N. Th Nysicio icote I icote I ronsit	ok 9	CERT	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		21c HOW INJURY OCCUR		1	
SICIAN: ng physical certifical urial-tran	E ()		OR CONTRIBUTING CAUSE OF DE		NTH DAY YEAR				
G PHYSIC offending offer this cer er this cer er this cer and Menia	ked or It	MEDICAL	216 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJUR (AT HOME, STREET, FACTO	RY	21f LOCATION STREET	CITY OR TO	OWN COUNTY	STATE
OSPITAL OR ATTENDIO eed by the hospital or UNERAL DIRECTOR. A id be detached for use the Store Dept. of Heal	MPORTANT: If hem 21 is morked		22a.l certify that (I) (this hasp sow the deceased alive a	n NGV of view the body after dec	1987	77e ADDRESS	MEDICAL STA	late and haur and from th	E SIGNED
TO H Show	3	23a 8	BURIAL, CREMATION, REMOVA		73c NAME OF	CEMETERY OR CREMATORY	73d LOCATION		
BP			SPEC#Burial	11/20/87		Rosary Cemeter	y Dundalk	Baltimore	Maryland
DHMH - 16 50M 1/1	81	24 FL	JNERAL DIRECTOR					256. REGISTRAR'S SIGNA	
(VRA 15, 4)	01	Cc	onnelly Funeral	. Home of Dun	ďalk	NO	V 181987	Main Kinder	0



PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE and that in (my) (aur) apinion deoth accurred on the date and hour and from the causes stated 22c. DATE SIGNED FUNERAL DIRECTOR PHYSICIAN should b ows 236 NAME OF CEMETERY OR CREMATORY 23d LOCATION 23a BURIAL CREMATION REMOVAL 236 DATE BURIAL MEM GAR. BALTIMORE 14, 87DULANEY VALLEY 24 FUNERAL DIRECTOR DHMH - 16 60M 7/B4 WILLIAM E. JOHNSON 8521 LOCH RAVEN BLVD (VRA 15, 4)

STATE OF MARYLAND

26. HOUR

17b. KIND OF BUSINESS OR

Church

Bryant

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

IF UNDER 24 HRS

21207

IF UNDER I YEAR

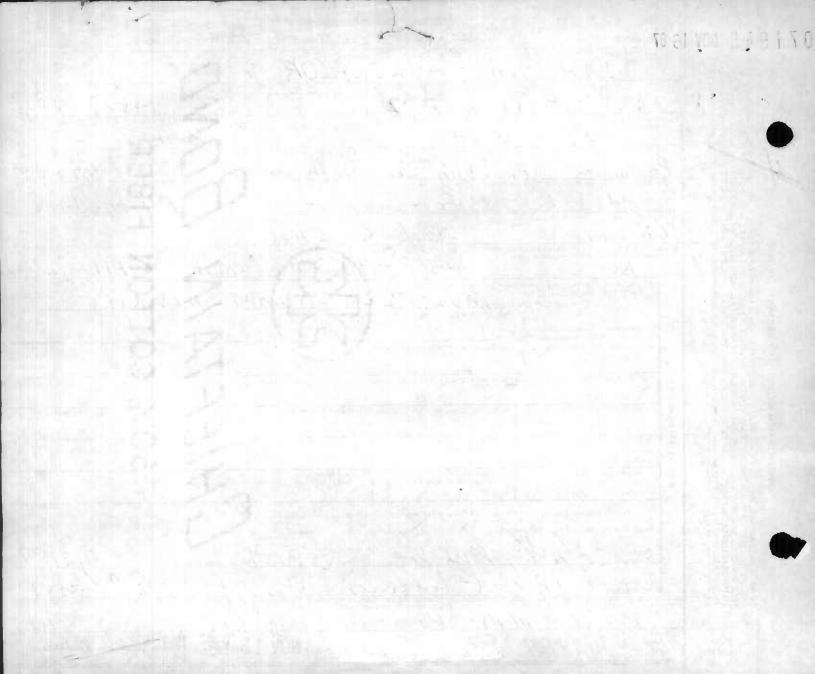
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			E ASED NAME	FIRST	A	AIDDLE	ı	AST .		20. DATE OF DEATH	MONTH	DAY YEA	R 2b HOUR	
ctor, page 3 softer death		(TYPE	OR PRINT)	James		W.	Talbo	ott Sr	.		11	24 87	7	AA
TO		3. SE			4. RACE		5. DATE C	F BIRTH		AGE (IN YEARS LAST O		IF UNDER 1 Y	EAR IF UNDER 2	a HRS
		M	ale		Whit	e	Febru	ary 28,	1936	51	YRS.	MONTHS D	AYS HOURS	MIN.
į		Ta. BI	RTHPLACE (STATE OR F	FOREIGN	76. CITIZEN OF	_	V2 11		-	BALTIMORE CITY		Y OF DEATH	Н	
mothed of and	35		Maryland		USA		WIDOWE	NEVER MARK	CED T	Balti	more (Counts	J	AAD
O	Toward.		TY OR TOWN OF DEA	ATH	11. NAME OF H		SING HOME	R OTHER INSTITUT		120 USUAL OCCUPAT			D OF BUSINES	_
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imustibe	21	13a S	AL RESIDENCE (IF NURS	13b. COUN		13c. CITY OR TO		13d. INSIDE CITY L	IMITS?	3e. STREET ADDRESS				
- mus	50	N	aryland	Ba]	ltimore	Baltin	ore	YES NO	XX	1750 Lang	port :	Road	21222	
J.in	76	14 FA	THER'S NAME		MIDDLE	LAST-		15. MOTHER'S MA	IDEN NAM	E			LAST	
1	70	2	James		C.	Talbo	ott	Evel	.yn	M.		All	berino	
legi	1		VAS DECEASED EVER		MED FORCES?	166 SOCIAL SE	CURITY NO.	17 INFORMANT		ADD	ESS			
100	1/3		No			212-34				lbott 1750				
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emove			PARTI. DEATH W	IMMEDIAT	E CAUSE (o)	SCMHI	non	CREC	7000	ar ar ar	100			
o or o					DUS TO, OF	AS A CONSE								
ofion, or troumotic			Conditions, if ony,		(b)_	AND	SPIN	JAL MI	ETA.	715KLS				
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ol, cr			underlying couse	lost.	((c)_									
o buriol		z	PART 2. OTHER SIGN	NIFICANT (CONDITIONS CO	ONTRIBUTING 1	O DEATH BUT	NOT RELATED TO	THE TERMIN	NAL DISEASE OR COM	DITION GI	VEN IN PAR	T 1(o)	
prior to		CERTIFICATION	190 DATE OF OPERA	TION	19b. CONDI	TION FOR WHI	CH OPERATIO	N WAS PERFORME	D	20a AUTOPSY?	20b IF YE	S. WERE FIR	NDINGS USED	
9 3	2	IFIC					****			YES NO	IN CERTI	FYING CAU	ISES OF DE ATH	H?
sho sho		ERT	21g. ACCIDENT WAS UND	DERLYING [21b. TIME O	F IN IURY		171r HOW IN IUR	Y OCCURRE	D (ENTER NATURE OF INJ		ES CORRARI	NO [
	9		OR CONTRIBUTING	CAUSE OF DEA	HOUR A.	M. MONTH	DAY YEAR		· OCCORRE	TENTER NATURE OF 194)	ORT IN TIEM TO	7481104746		
d Mentol		MEDICAL	21d INJURY OCCUR		21e. PLACE		19	211 LOCATION						
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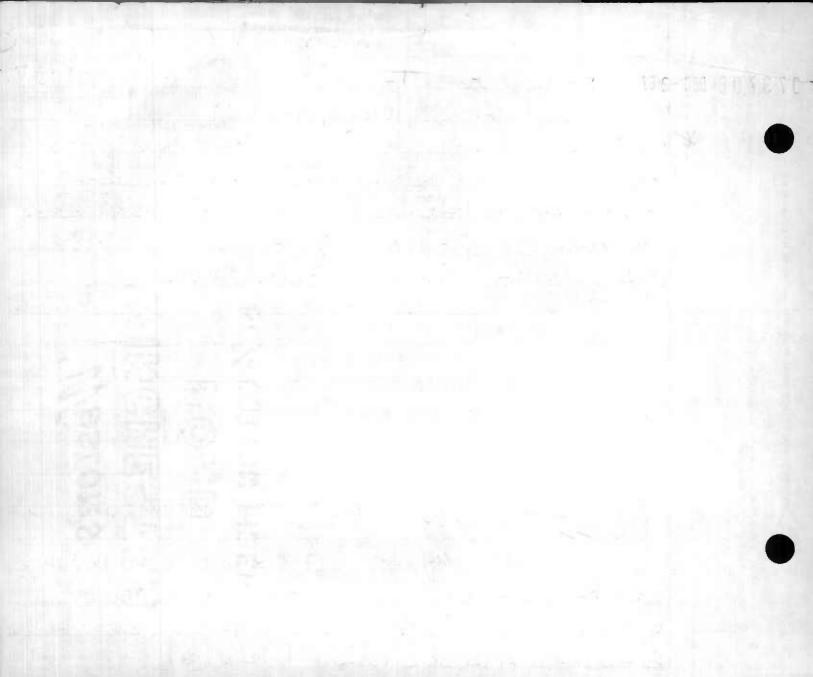
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO DECEASED NAME 20. DATE KNOWN OF ESTI-DEATH MATED SEX 4. RACE IF UNDER 1 YR. IF UNDER 24 HRS 2d HOUR DATE DAY YEAR PRONOUNCED YRS DEAD 16 06 To BIRTHPLACE (STATE OR Th CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Baltimore County DIVORCED WIDOWED Maryland ID. CITY OR TOWN OF DEATH 12a USUAL OCCUPATION (TYPE OF WORK 12b KIND OF BUSINESS 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION verlea Ret.-Truck Driver Bellhaven Drive Nat. Boh. USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 30. STATE 13b. COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS BALTIMORE, MD. 2120 26 Bellhaven Dr. Baltimore NO E 21236 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST FIRST LAST FIRST Taylor John Pmma. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (YES, NO, OR UNKNOWN) 213-09-7502 Sharvn A. Thomas Ave. 21236 18. CAUSE OF DEATH (Enter only one cause per line [at (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: ERIOS CLEROTIC LAR DISEASE Conditions, if any, which gave rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. DIVISION OF VITAL RECORDS, PART 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 [g] CERTIFICATION 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [] DEPARTMENT 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) AGE 3 SHOULD B HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME, 21d. INJURY OCCURRED 211 LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OF TOWN COUNTY WHILE AT WORK PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR: AFTER DEATH, WITH THE SAFTER DEATH DE 22a. I certify that I have thank at the redescribed above, held on Autopsy and in my opinion Undetermined manner death resulted from **ACTUAL** SIGNATURE EXAMINER'S NAME (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Baltimore, Maryland 11-18-87 Cremation Westview Memorial Pk 24 FUNERAL DIRECTOR 25 NOVE 2'D BY REGISTRAR 156. REGISTRAP'S SIGNATURE **DHMH - 17** (VR A15 ME (5)) 20M 4/82

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE SEGISTRAR REG. NO 20. DATE KNOWN 26 HOUR (TYPE OR PRINT) UNERAL DIRECTOR.
FOR YOUR FILES.
WITHIN 72 HOURS
PRESTON STREET, HWOOM DEATH MATED 19 3 SEX 4. RACE DATE OF BIRTH AGE IN YEARS IF UNDER 1 YR IF UNDER 24 HRS 20. DATE DEAD To BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY 9 BALTIMORE CITY OR COUNTY OF DEATH FOREIGN COUNTRY NEVER MARRIED WIDOWED DIVORCED CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 12b KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE IN STATE THE INVESTIGATION OF THE PARTY LIMITES? 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE ALD BE USED AS A BURIAL - TRANSIT PERMIT. -PAGES IND BE USED AS A BURIAL - TRANSIT PERMIT. -PAGES I AND MENT OF HEALTH AND MENTAL HYGIEN - TIVISION OF VILLE OF MEMOVAL. LAST 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 7. INFORMANT ADDRESS I (IF YES, GIVE WAR OR DATES) CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c). PART I DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TIG CERTIFICATION 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? INER: THIS CERTIFICATE SHIGATE, WORLD THE CHE CARWARDED TO THE CHE TOR, PAGE 3 SHOULD BE LITHE STATE DEPARTMENT CHESTAND, 21201 PRIOR TO BUR YES . 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH P.M. 21d. INJURY OCCURRED 21e PLACE OF INJURY LATHOME 211 LOCATION STREET, FACTORY, FARM, ETC.) STREET WHILE AT WORK AT WORK CITY OR TOWN COUNTY STATE EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PY AFIER DEATH, WITH THE STYLE BALLIMORE, MARTHAND, 2 220. I certify that I was always of the remains described above, held an Autopsy ond in my opinion death resulted from Undetermined manner ACTUAL DATE SIGNATURE SIGNED EXAMINER'S NAME TYPE OR PRINT 23a BURIAL, CREMATION, REMOVAL 23b. DATE LOCATION ITY OR LOWN COUNTY 07/84 BP. 25M 3 1987 24. FUNERAL DIRECTOR **DHMH - 17** (VR A15 ME (5))



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(VRA 15, 4)

THE REPORT OF THE PROPERTY OF

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REG. NO SED NAME 20 DATE KNOWN (TYPE OR PRINT) ESTI-WILFORD **HOMPSON** DEATH MATE 4. RACE AGE (IN YEARS) IF UNDER 1 YR. IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCE 11-6-1915 72 DEAD TO BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY COUNTY -ENTUCKY WIDOWED DIVORCED OSPITAL AINTENANCE MAN 21234 13c STREET ADDRESS 13d. INSIDE CITY LIMITS? BALTO 8420 A KINGSRIDGE MD YES . LA FATHER'S NAME 15 MOTHER'S MAIDEN NAME VIOLA INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? . Thompson - 8420 A Kingsred 287-09-8011 A W.W.I CAUSE OF DEATH (Enter only one couse per line for (gf. (b), and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? BURI 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 0 HOUR A.M. MONTH DAY YEAR OR UNDERLYING CONTRIBUTING CAUSE OF DEATH P.M TIE PLACE OF INJURY (AT HOME 214 INJURY OCCURRED 211 LOCATION STREET, FACTORY, FARM, ETC.) STREET WHILE AT WORK CITY OR TOWN COUNTY PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFER DEATH, WITH THE STABALL WITH THE STABALL WITH THE STABALL WARYLAND, 2 22a. I certify that I took charge of the remains described above, held on Autopsy Inspection Inquiry and in my opinion Homicide Undetermined monner EXAMINER'S NAME (TYPE OR PRINT) 23a BURIAL, CREMATION, REMOVAL 23b DATE 23s. NAME OF CEMETERY OR CREMATORY 23d. LOCATION BALTO. STATE 11-23-87 PARKWOOD CEM 07/84 BP 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR REGISTRAR'S SIGNATURE **DHMH - 17** (VR A15 ME (5))

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH LOST TOPOLSKI 20. DATE OF DEATH Middle F. DECEMBED-NAME OF print) 2b. HOUR Month RACE S. DATE OF BIRTH IE UNDER 1 YEAR IF LINDER 24 HRS 3. SEX 6. AGE (In years last birthday) DAYS MONTHS HOURS 7o. BIRTHPLACE (Stote or foreign 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) WIDOWED I DIVORCED | 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 126, KIND OF BUSINESS OR during most of working life, even if retired.)
Homemaker Own Home give street address) BALTIMORE, MARYLAND 21201 Towson ST. JOSEPH 30. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER mary land COUNTY YES X NO Baltimore 1210 North View Rd. 21218 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Middle Middle Lost Unknown Hudzik Unknown Unknown 16b. SOCIAL SECURITY NO. 17. INFORMANT 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Address No Yes, no, or unknown) 215-12-3509 Evelyn T. Bock - same as #13e APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) GETWEEN ONSET AND GEATH PART I. DEATH WAS CAUSED BY DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, MYELODYSPLASIA IMMEDIATE CAUSE (a) _ DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gave) rise ta immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse requires that PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED CAUSES OF DEATH? YES 🗌 NO X 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21a. ACCIDENT WAS 21b. TIME OF INJURY CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) 21e. PLACE OF INJURY (AT HOME, EARM, STREET, EACTORY,) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County While Not while at work 22a. I certify that (1) (this haspital) attended the deceased fram 10-27-87, 19......, ta that (1) (we) last saw the deceased alive an 11-2-87 19 _, and that in (my) (our) opinian death accurred an the date and have and fram the ATTENDING causes stated abave, (1) (we) (did) (did not) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED DIRECTOR ATTENDING MD DEGREE 11-2-87 Francis Tal Ser Choo PHYS DIRECTOR 22d. PHYSICIAN'S FRANCIS T- KHOO 22e. ADDRESS NAME (Type) Towson, Md. FUNERAL shauld of Heal 23b. DA 11-5-87 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, (County) EREMOVAL Specify t Dulaney Valley Mausoleum Timonium, Md. Balto., 9 2Sb. REGISTRAR'S SIGNATURE 1050 DRYSrk Rd. 24. FUNERAL DIRECTOR REC'D BY REGISTRAR DHMH - 16 3/72 25M Ruck Towson Funeral Home, Inc., Towson, Md. 21204 (VR A15 (4))

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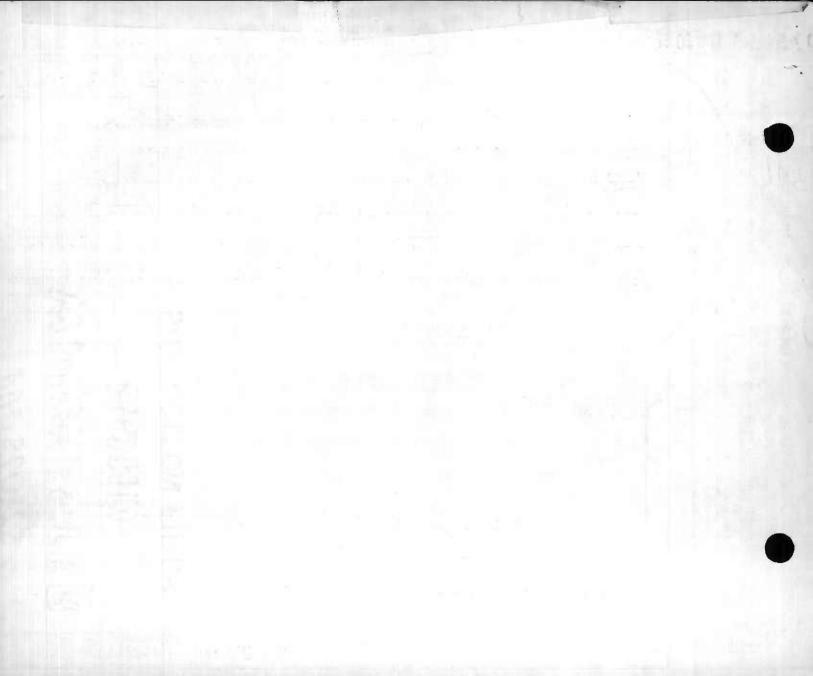
STATE OF MARYLAND 072999 NOV 25 87 STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REGISTRAR MIDDLE 20 DATE OF DEATH I. DECEASED NAME 2h HOUR (TYPE OR PRINT) ETLEEN M. TRAINER 4 RACE 5. DATE OF BIRTH & AGE LIN YEARS LAST BIRTHDAY IF UNDER 1 YEAR IF UNDER 24 HRS I. SEX Jan 1928 Cauc 7a. BIRTHPLACE I STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY WIDOWED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12h KIND OF BUSINESS OR Housewife INDUSTRY own home USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 21228 Balto 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE Wd Fern Valley Circle 709 NO 15. MOTHER'S MAIDEN NAME 4. FATHER'S NAME James FIRST MIDDLE LAST Higgins Laura Cluss ADDRESS 166 SOCIAL SECURITY NO 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 21228 (IF YES GIVE WAR OR DATES) 142-20-889 Mr. Joseph Trainer 709 Fern Valley APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line log (a), (b), and ic PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF 24 H gresund Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 19n DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED à IN CERTIFYING CAUSES OF DEATH? per NOM YES [NO M Mento! Hygie 216 TIME OF INJURY 210 ACCIDENT WAS UNDERLYING 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH DIVISION OF P.M 19 (IF EITHER NOTIFY MEDICAL EXAMINER) 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY CITY OF TOWN COUNTY STATE (AT HOME STREET FACTORY, OFFICE FARM ETC.) NOT WHILE 22a.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive on____ _, and that in (my) (our)opinion death occurred on the date and hour and from the causes stated obove (Diwe (did (did not) view the body after death 27b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF MD PHYSICIAN DIRECTOR PHYSICIAN DE FUNERAL MPORTANT 274 PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS should be STJOSEPH HOSPITAL LENRY ESSLEK 0 23a. BURIAL, CREMATION, REMOVAL 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION COUNTY STATE Buria Grove Cem Prospect Park 250. DATE REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR Edmondson DHMH - 16 60M 7/84 Tulia Bindson. Ashton Funeral Estate, P.A. (VRA 15, 4)

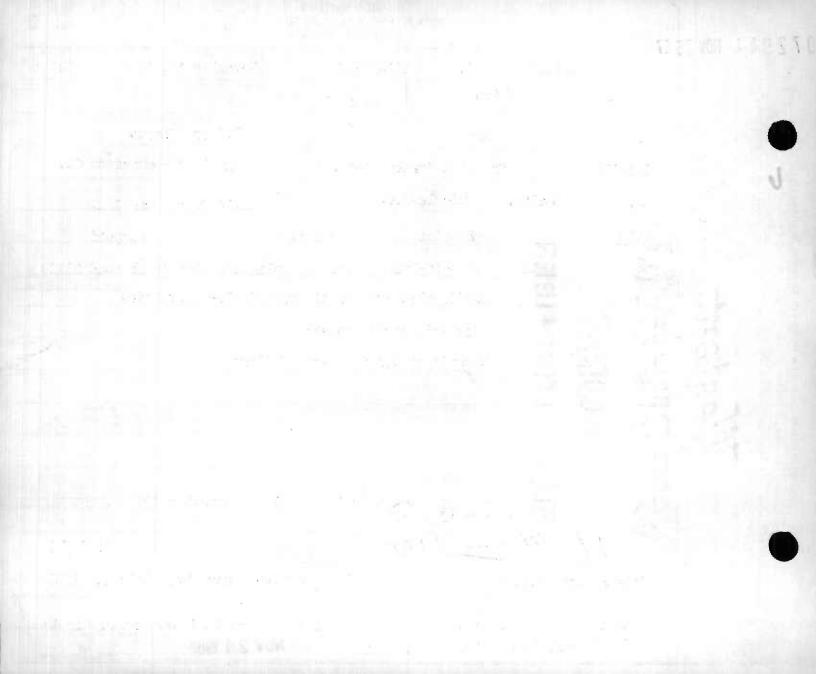
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE 3 - STATE CERTIFICATE OF DEATH RECUSTRAR REG. NO 2a DATE OF DEATH MONTH CAROLINE **JEANNE** TURNER 11-06-87 AGE (IN YEARS LAST BIRTHDAY) 1.5EX 4 RACE 5 DATE OF BIRTH IF UNDER 1 YEAR MONTH YE AD Female May 16.1913 74 White BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE I STATE OF FOREIGN TE CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED England USA BALTIMORE COUNTY WIDOWED X 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINESS OF (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY GREATER BALTIMORE MEDICAL Balto. Co. F.D. OWSON MOUAL RESIDENCE LIF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 130 STATE 136 COUNTY 13e STREET ADDRESS / ZIP CODE Maryland Baltimore Towson 21204 929 Fairmount Ave. YES [NOXX 15. MOTHER'S MAIDEN NAME 4 FATHER'S NAME Esther MIDDLE Pickles Louis Dupuy 604 Picadilly Rd. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT THE NO OR UNKNOWN (IF YES GIVE WAR OR DATES) 212-09-4804 Lud Dupuy Towson, Md. 21204 APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) ASYSTOLF DUE TO, OR AS A CONSEQUENCE OF (b) MYOCARDIAL INFARCTION Conditions, if any, which gove rise to immediate cause (a), stating the DUE TO OR AS A CONSEQUENCE OF underlying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20h. IF YES, WERE FINDINGS LISED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO NO [21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF FITHER NOTIFY MEDICAL EXAMINER) P.M. 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME STREET, FACTORY, OFFICE, FARM ETC.) NOT WHILE 22a I certify that (1) (this hospital) attended the deceased fram saw the deceased alive on 11/6 abave, (I) (we) (did) (did not) view the bady after death and that in (my) (our) opinion death occurred on the date and have and from the couses stated 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS **GBMC** ALLAN FRANKLE, M.D. 23e BURIAL CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 23b. DATE Burial Woodlawn, Balto. Co., Md. Lorraine Park Nov. 9.1987 250 DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR 6500 York Rd. DHMH - 16 60M 7/84 Mitchell-Wiedefeld Home, Inc. Balto., Md.21212

(VRA 15, 4)

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1 6 NOV 30	pr	REGISTRAR		CERTIFICATE OF DEATH	REG. NO	5 .	
		CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH	MONTH DAY Y	ZEAR ZE HOUR
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0 0	3. SE	X	4. RACE	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRT		I YEAR IF UNDER 24 HRS
saft	1	MALE	WHITE	SEPTEMBER 28, 1919	68		DAYS HOURS MIN.
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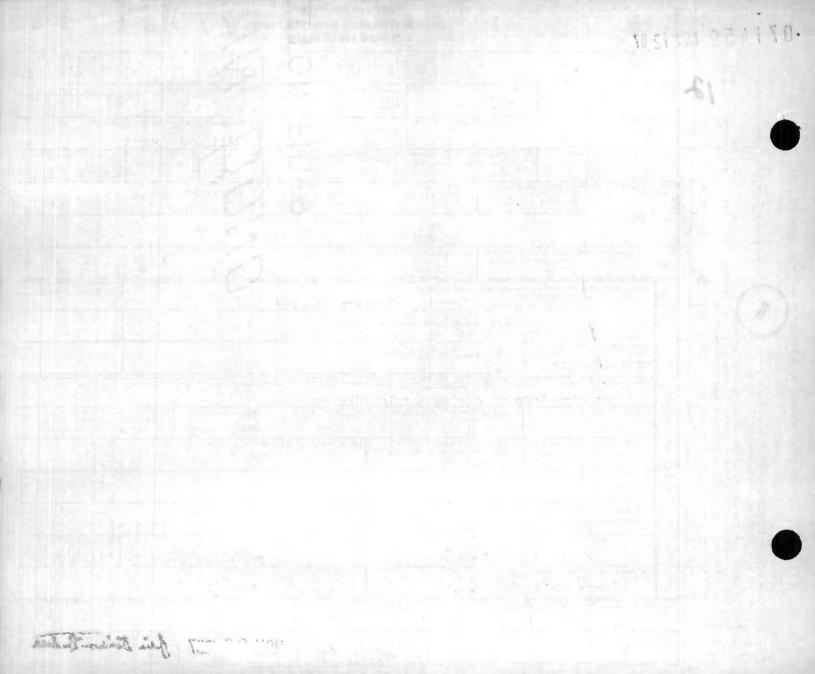


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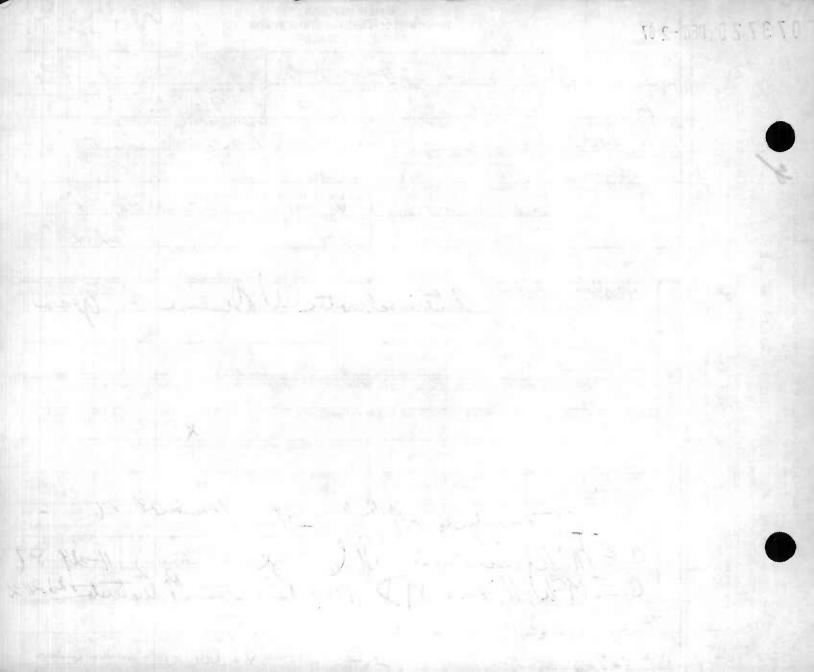
DEPARTMENT OF HEALTH AND MENTAL HYGIENE & CERTIFICATE OF DEATH

		01					REG. N			
		CEASED NAME FIRST FRANK	W.	VAN	N SCHMIDT	Sr.	October 2			26 HOUR
2	3.56		1. RACE		5. DATE OF BIRTH	DI.	6. AGE (IN YEARS LAST BE			1:36 a _M
0-	-	Male	White		MONIH DA			MONTHS		HOURS MIN.
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		18. CAUSE OF DEATH (Enter PART I, DEATH WAS CAUS	only one couse per lin	ne far (o), (b), and					APPROXIM BETWEEN OF	NATE INTERVAL
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		underlying cause last.	(c)							
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		77h SIGNATURY	111	6/	DEGREE			27	2c. DATE S	IGNED
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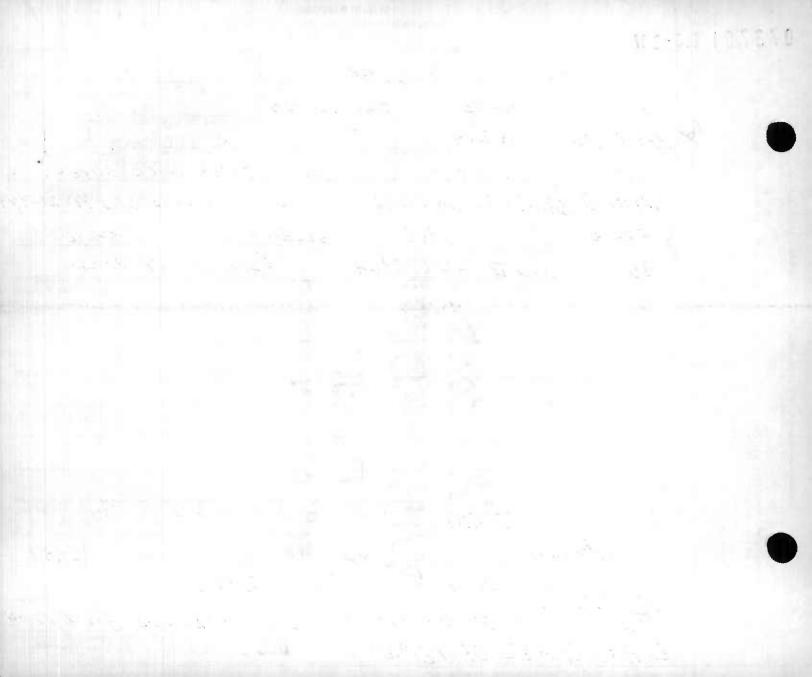
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		ron		STATE OF MARYLAND		** 1 ** ** /
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endir corb n. or motic			DUE TO, OR AS A CONSE	QUENCE OF		
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by the		cause (a), stating the underlying couse last.	DUE TO, OR AS A CONSE	QUENCE OF		TO SHEET WAS
signed I hen plea to burial ijury, or	z	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING 1	O DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION	DN GIVEN IN PART 110
been mit. The prior to ony in	CERTIFICATION	19a DATE OF OPERATION	195 CONDITION FOR WHI	CH OPERATION WAS PERFORMED	20a AUTOPSY? 201	. IF YES, WERE FINDINGS USED
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ام حقق ع	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET FACTORY, OFFI	211 LOCATION	CITY OR TOWN	COUNTY STATE
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S Heol		22a.l certify that ((this hospita			/ to ///36	. 17 Indi (I (we) dsi
R ATTI hospit RECTC red for pt of em 21		saw the deceased alive an abave, (I) (we) (did) (did not)	view the body after death		n death occurred on the date a	nd hour and from the couses stated
the the DIII		226. SIGNATURE	L. alexan	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED 11/30/67
HOSPITAL sined by 1 FUNERAL sold be de th the Stott		224 PHYSICIAN'S NAME (TYPE OR			lla Maris	
TO HOSI		Carla S.	Alexander, M.I). 2300 Dular	ney Valley Rd.	- Towson, MD 2120
BP	73a.	URIAL, CREMATION, REMOVAL	236. DATE 2.	NAME OF CEMETERY OF CREMATORY	THE LOCATION	COUNTY TO A STATE
DHMH - 16 60M 7/84	17	UNERAL DIRECTOR	Beets n	1- 21227 Bess		REGISTRAR'S SIGNATURE
(VRA 15, 4)	to	Torum Ves	n se Go, ADDRES	Helens St.	1881	der Dendorm Halass.
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O I O I DEC	I. DEC	EASED NAME FIRST	MIDDLE LAST	20. DATE OF DEATH MONTH DAY	YEAR 26. HOUR
2 75	(TYPE	OR PRINT) ANDRI	FW G. VOGEL, SR.	11/27/87	7 8:10P
4 8 A	1. SE		4 RACE S. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY) IF UN	HDER 1 YEAR IF UNDER 24 HRS
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1 46	10 C	TOWSON	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) GBMC 6701N. CHARLES ST. 21204	(TYPE OF WORK FOR MOST OF WORKING-LIFE) IT	26 KIND OF BUSINESS O NDUSTRY SUPERS
24 hour	130. S		OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)	130 STREET ADDRESS / ZIP CODE	N PD 2123
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requires that the death en signed by the ottend t. Then please remove co or to buriol, cremation, a y injury, or other traumol	TION		DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TER		IN PART 1:0
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G PHYS attending to the bur tond Me ked or I	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
L OR ATTENDIN the hospital or L DIRECTOR, at stoched for use a r Dept of Health if Nem 21 a mer			nat) view the body ofter death. DEGREE ATTENDING	on death accurred an the date and have an	that (I) (we) II d from the causes stated
HOSPITAL Girsed by 10 FUNERAL ouid be det MH the State PORTANT	1	224. PHYSICIAN'S NAME (TYPE	PATALCK 1720 ADDRESS	SBMC.	
0 € 0 € 5 € /		BURIAL CREMATION, REMOVA	236. DATE 23C NAME OF CEMETERY OR CREMATOR	23d LOCATION 1. PAREVILLE	BALTO. Ed.
DHMH - 16 60M 7/84	24 F	UNERAL DIRECTOR	PIST NE MARIES 1250 DE	ATE REC'D. BY REGISTRAR 256 REGISTRAS	SSIGNATURE



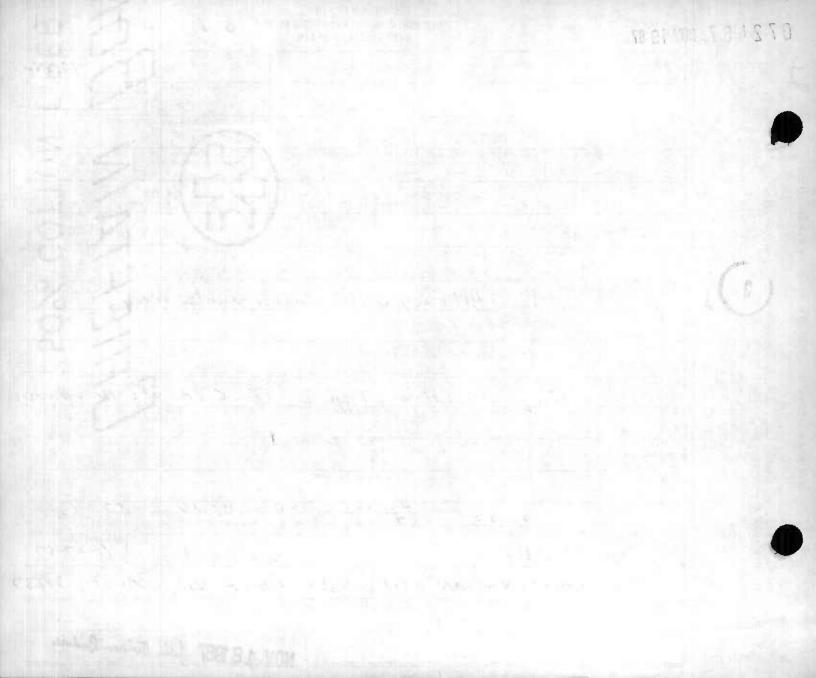
07	23	79	NOA	19	FOR TATE REGISTRAR			DEPARTA	AENT OF H	OF MARYLAND EALTH AND MENTAL I ICATE OF DEATH	HYGIEN	E 8 7	3 5	3 8
					CEASED NAME FIR		WIDDLE		L	AST		DATE OF DEATH MONT		20 110011
	y be	page 3 er death		,,,,,	YELI	ZAVETA			VOLYN			NOV. 14,1987		11:30 AM
	ge 4 mo	ector, po rs after o		3. SE	FEMALE	4. RACE WI-	HITE		S. DATE C	RIL 23,1932		AGE (IN YEARS LAST BIRTHDAY)	MONTHS DA	
	eath. Pa	n 72 hou	7		RTHPLACE (STATE OR FOREIG	GN 76. CITIZE	N OF WHA	T COUNTRY?	8. MARRIEI WIDOWE	NEVER MARRIED		BALTIMORE CITY OR CO	UNTY OF DEATH	MD
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AND 212	1 24 how	filled in Guld be		130. S M/	RESIDENCE (# NURSING H TATE LRYLAND 13b. BA	OME OR OTHER INSTI COUNTY ALTIMORE	TUTION, GIVE F	RESIDENCE BEFORE CITY OR TOW NDALLS	TOWN	13d. INSIDE CITY LIMITS YES NO		STREET ADDRESS 3708 TRENT I	RD. (2113	33)
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21 20	equires that the death ce	signed by the attending Then please remave carb taburial, crematian, ar r	injury, ar amer traumatic event, the	NOI	Conditions, if any, wh gave rise to immedic cause (a), stating underlying cause lo	ich ote DUE	TO, OR AS (b) TO, OR AS	A CONSEQUE	ENCE OF	NOT RELATED TO THE T		AL DISEASE OR CONDITIO	ON GIVEN IN PART	T)(o·
AL RECO	The taw nigan.	o o o	2	CERTIFICATION	19a. DATE OF OPERATION				OPERATIO	N WAS PERFORMED		YES NOX	. IF YES, WERE FIN CERTIFYING CAU: YES	SES OF DEATH?
ON OF VIT	HYSICIAN: 1	ک کو کے۔	or nem los	MEDICAL CE	210. ACCIDENT WAS UNDERLY! OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICALE) 216. INJURY OCCURRED	E OF DEATH HO	P.M.	MONTH DA	19	211 LOCATION	CURRED	(ENTER NATURE OF INJURY IN IT	TEM 18 PART I OR PART	STATE
DIVISI	HOSPITAL OR ATTENDING PA	L DIRECTOR: After the dached far use as the e Dept. of Health and	MPORI ANI: If flem 21 is marked	W	WHILE AT WORK 22a. I certify that (I) (this saw the deceased of oboye, (I) (we) (did) (22b. SIGNATURE) 22d. PHYSICIAN NAME	s haspital) attendive an (did not) view the	ded the dec	19	87 or	DEGREE		th occurred on the date or	, 19 8 7 and hour and from	_, that (I) (we) last
	P € BP.	Of shirt	-		URIAL, CREMATION, REM	OVAL 23b. DA	16/87			EMETERY OR CREMATO RE HEBREW C	EM	23d LOCATION CITY OR TOWN REISTERSTO		TIMORE, MD
		16 50M 1/ A 15, 4)	ВІ		NAME NAME REISTERS	L LEVINS	SON & BALT	BROS.	(212		NOV	EC'D. BY REGISTRAR 256. R		- Rendace

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o m£			CEASED NAME FIRST OR PRINT)		MIDDLE		ASI			764	h HOUR
oy be	3	0.551		lip Wagne	r	S. DATE C	S DIDTH	11/16/		IF UNDER I YEAR	F UNDER 24 HRS
e e e		3. SE)				MONTH	DAY YEAR		M		HOURS MIN.
- Page		7- DII	Male RTHPLACE (STATE OR FOREIGN		ASIAN WHAT COUNTRY?	9/25		88	YRS.	OF DEATH	
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= 36+11 B		B	altimore	3610 Was	HEACILITY, GIVE STREET	ADDRESS)	N OTTER HOSTION		OST OF WORKING LIFE	INDUSTRY	
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NN 24	35	-		imore	Baltimore		YES NOX	3610 Washi		ue	
within within	4 %	14. FA	THER'S NAME	MIDDLE	LAST		15 MOTHER'S MAIDEN N	AME	OLE	LAST	
	1	ī	John Wagner	Model			Carolyn Zim	mermen		6401	
	CO		AS DECEASED EVER IN U.S. AR	MED FORCES?	166. SOCIAL SECT	JRITY NO.	17 INFORMANTMIS.	Agatha D. Wâ	DDRESS ONET		
BALTIMORE, execut	medico	,	es WI	E WAR OR DATES!	212-40-1	938	3610 Washingto			e Marylan	
4.3	- 1 €		18 CAUSE OF DEATH (Enter or	ly one couse per	line lor (a), (b), or	nd (c1.)				BETWEEN ON	SET AND DEATH
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N S	a de	14			R AS A CONSEQU	ENCE OF					
deo deo	otion		Conditions, if any, which	(1b)_	RETRO	BPER	1 TONEAL	LYMPHO	MA		
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by by	ol, crem		underlying couse last	(lc)_							
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ORD redu	5 in 1	CERTIFICATION							Last Is vise	14505 50 40 h 46	
SEC.	ā \$ >	ICA	190 DATE OF OPERATION	196. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTIFY	, WERE FINDING YING CAUSES O	F DEATH?
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SICIAN: ng physiceruficor	Mentol or Hem	CA	(IF EITHER, NOTIFY MEDICAL EXAMINE	P. P.	M.	19					
DIVISION OF VITAL RECORDS, ING PHYSICIAN: The low requir r ottending physicion. (for this certificate has been sign of the buriol-transit permit. Then		MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	(AT HOME STE	OF INJURY REET, FACTORY, OFFICE,	FARM, ETC)	211. LOCATION STREET	CITA	ORTOWN	COUNTY	STATE
D INDIA	e e l'il		220.1 certify that (1) (this hosp				0-6,19 8	7 , to	- //	19 <u>87</u> , th	at (I) (we) last
TTEN Prior	21.2		saw the deceased alive or abave (1) (did no	1/ -	after death.	87.0	nd that in (my) (aur) opinia	n death occurred an	the date and haur	and from the co	iuses stated
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AL DI AL DI	T: H		Joseph	5.	Mun	July 1	ATTENDING PHYSICIAN	MEDICAL DIRECTOR PI	STAFF HYSICIAN 🗌	1.48	
SPIT LER	AN AN		224. PHYSICIAN'S NAME TYPE	OR PRINT)	n /	X	22e. ADDRESS	3101	(.1		
TO HOSPITAL O	with the State		DR. Jose	ph 1	Murph	hy	7402 YO	RK Rd.	Suite	200	
5 5 5 5	5 ₹		SURIAL, CREMATION, REMOVAL	23b. DATE		NAME OF C	EMETERY OR CREMATORY	23d LOCATION		40.45	
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(VRA 15			3728 Liberty Road	_				V 1 9 1987	Julia d	Taridan Ra	ndall
		-	THE THE PARTY OF T		COLUMN TOWNS						

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(VRA 15, 4)



			FOR			DE		TATE OF MA	ARYLAND AND MENTAL HY(IENE 😥	7	.5	5	42
072766	NOV	23	STATE REDISTRAR					TIFICATE	OF DEATH		REG. N			To and
noy be poge 3			EASED NAME OR PRINT)	Alma		SD WIDDLE		LAST			of DEATH), 1987	YEAR	2: 00a M
		3 SEX			RACE			ATE OF BIRTH	DAY YEAR	6 AGE (II	YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
ige 4			Female		Whi		0	etober	14, 1901		{	B5 YRS		
eath. Po	\$5	C	THPLACE (STATE OR DUNTRY) West Vire	inia	L. CITIZEN OF	.A.	WID	OWED	EVER MARRIED DIVORCED			County		MD.
ofter d	The state of	10 C11	ssville 2	ATH	(IF NOT IN SUC	CH FACILITY, GIV	NURSING HOVE STREET ADDRESS	5)	R INSTITUTION	(TYPE OF WI	ork FOR MOST C	OF WORKING LIFE)	INDUSTRY	o. County
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BALTIMORE, MARYLAND 21, 1018 be executed within 24 box printing and completely filled in printing and completely filled in	The state of the s	-	THER'S NAME		NIDDLE		AST	15 MC	Sarah		WIODIE		LAS	ST
MORE, W	 		AS DECEASED EVER	IN U.S. ARA	MED FORCES? WAR OR DATES)	200	1 SECURITY 1		ormant h Whitfie	21	5 Arno	18 Ave. Leasent		8742 h N.J.
requires that the death version ST., seen signed by the effection of the control	-	TION	Conditions, if ony gove rise to im couse (o), stating underlying couse PART 2 OTHER SIG	which mediote on the elost.	DUE TO, O	OR AS A COM		OF BUT NOT RI	ELATED TO THE TER/		ASE OR CON		N IN PART 1	
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IVISION OF VITAL IG PHYSICIAN: Th ottending physicio fer this certificate is the burial-transit		MEDICAL	21d. INJURY OCCUR			OF INJURY TREET FACTORY.	, OFFICE, FARM, E	(C)	STREET		CITY OR TO	OWN	COUNTY	STATE
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Share Share	F. If Hem	/	224 SIGNATURE	T. Wi	elibe	nl	\ \ \	DEGRE	ATTENDING PHYSICIAN	MEDICA DIRECTO	AL STA		11-2	E SIGNED 20-87
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11/12	10. C	TY OR TOWN OF DEA	ГН		HOSPITAL, NUR		OR OTHER INS	TITUTION		OCCUPATION FOR MOST O	ON F WORKING LIFE	12b. KIND	OF BUSINESS OR ROWAN
103	-	andallstown		Balt	imore Co	ounty G	eneral	Hospit				Cont	roller Co
Phone hou	13a S	STATE SENCE (IF NURSIN	ISE COUN	OTHER INSTITUTION	13c. CITY OR TO	OWN	13d INSIDE	CITY LIMITS?	13e.STREET	ADDRESS /	ZIP CODE		
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Within within	14. F.A	ATHER'S NAME	,	MIDDLE	LAST		15. MOTHER	'S MAIDEN NA	ME	MIDDLE			AST
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STATE OF MARYLAND

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230 BURIAL, CREMATION, REMOVAL CREMATION

22b. SIGNATURE

11/30/87

WESTVIEW

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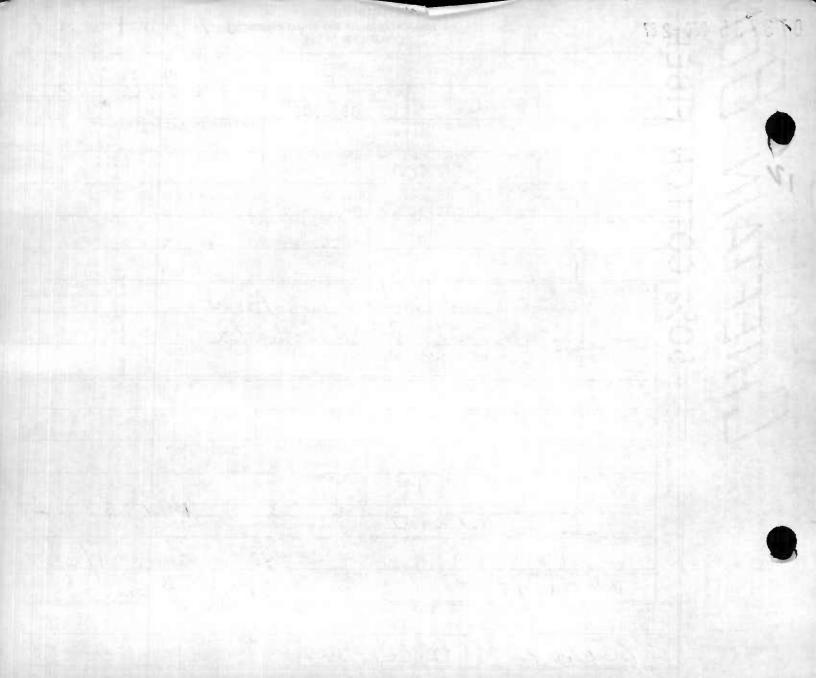
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 MD^{STATE}

DHMH - 16 60M 7/84 (VRA 15, 4)

saw the deceased alive an.

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

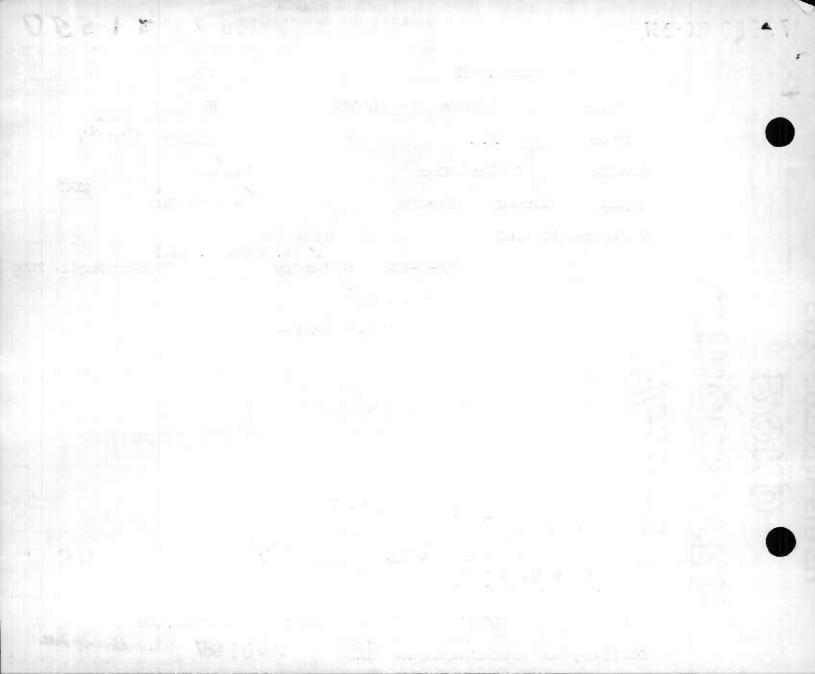


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å .	09 601	7a. BI	RTHPLACE (STATE OR FOREIGN	76. CITIZ	EN OF WHAT COUNTR	Y? I.	D KNEVER MARRIED	9. BALTIMORE CITY		ATH
deoth.	72 25		MARYLAND	1	U.S.A.	WIDOW		BALTIMORI	COUNTY	
ofter d	de la	5	TY OR TOWN OF DEATH		ME OF HOSPITAL, NUR OT IN SUCH FACILITY, GIVE STR		OR OTHER INSTITUTION	12a USUAL OCCUPA (TYPE OF WORK FOR MOST		KIND OF BUSI
s .	9	100	FORT HOWARD	VA	MEDICAL CE	NTER		LOCOMOTIVI	ENGINEER	
core be executed within 24 hours	Suld be	13a. S	TATE	COUNTY	13c. CITY OR TO BALTI	NWC	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	CON HEIGHT	2:
piq.	25.		TARYLAND THER'S NAME		DALII	FIORE	15. MOTHER'S MAIDEN NA		ON HEIGH	D WARM
Š.	and S	1)	CHARLES	MIDDLE	WEBER		EVA	MIDDLE		LAST
55	8 - 8	16a. V	VAS DECEASED EVER IN U.S		RCES? 166. SOCIAL SE	-	17 INFORMANT	ADDI	ESS	
exe.	Pood Pood	16		RLD WA		8/4/1	CLINICAL REC	ORDS VAMO	FORT HOL	ARD MI
e p	0 %		18. CAUSE OF DEATH (Ent				CULINICAL REC	ORDS, VALIO		APPROXIMATE IN
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aep	attending nove corbo ation, or re froumatic e		Conditions, if ony, which		(b)					
p p			gove rise to immediat couse (a), stating th	,	TO, OR AS A CONSEC	DUENCE OF				
thot	by the ose ren I, crem other i		underlying cause las		10, ON AS A CONSEC	active of				
÷ sa	0 - 0 - 0		PART 2 OTHER SIGNIFICA	NT CONDITION	ONS CONTRIBUTING T	O DEATH BUT	NOT RELATED TO THE TERA	AINAL DISEASE OF COL	ADITION GIVEN IN	PART Ira
5	Then plants to buring a plury, o	N	STATUS POST					THE DISEASE OR COL	TO THE PROPERTY IN I	CINT TIM
5	e - a >	CERTIFICATION	19a. DATE OF OPERATION		CONDITION FOR WHI			20a AUTOPSY?	20b. IF YES, WERE	FINDINGS
ó		FIC						The second second	IN CERTIFYING	AUSES OF DE
The	core hos ronsit per Hygiene 18 shaws	FRI	21a. ACCIDENT WAS UNDERLYIN	IG ()	TIME OF INJURY		Tale HOW IN HID OCCUP	YES NO X	YES 🗌	NO
Physic		_	OR CONTRIBUTING CAUSE		OUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCUR	KED (ENTER NATURE OF INJ	URY IN ITEM TO PART I OR	PART 2)
SICI.	Socritical Social Socia	OA	LIF EITHER NOTIFY MEDICAL EXA		P.M.	19				
nding .	S S S	MEDICAL	214 INJURY OCCURRED	LATE	PLACE OF INJURY	E EADAL ETC.	21f. LOCATION STREET	CITY OR T	OWN CO	UNTY
O P	After the se as the alth and marked a	5	WHILE NOT WHILE T		OME, STREET, FACTORY, OFFIC	LE, TARM, EIL.				
Za	mo mo	-			nded the deceased from	SEPTE	MRER 30 19 87	to NOVEMBI	CR 1 19.87	, that X 0
TEN TO	DIRECTOR: sched for us Dept. of He f Hem 21 is		saw the deceased aliv	ve an NOV	EMBER 1 19		nd that in (🕵) (aur) opinion			
TA Osp	ed for	1	abave, X (we) (did) (d	(Kixot) view th	e bady after death.		DEGREE			
S S	Oched Oched Dept. If Hem		P61 /	7 - 1			ATTENDING	MEDICAL STA	AFF	DATESIGNE
A E	T set T			my my	•		PHYSICIAN [DIRECTOR PHYS	CIAN X	18/1
E 4	Ad by Stranger		124 PHYSICIAN'S NAME !				22e ADDRESS		1	1
	MPORT	1	ALBONZO RO				VA MEDICAL C		HOWARD,	MD 210
25		23a B	URIAL, CREMATION, REMO	OVAL 23b. D	ATE 2	C NAME OF	EMETERY OR CREMATORY	23d. LOCATION	COUN	īv
BP_			Remova1	1	1-1=87				00014	
DHAME >	6 50M 1/B1	-	INERAL DIRECTOR				25g (PA	TE REC'D BY REGISTRA	25% REGISTRAR'S	
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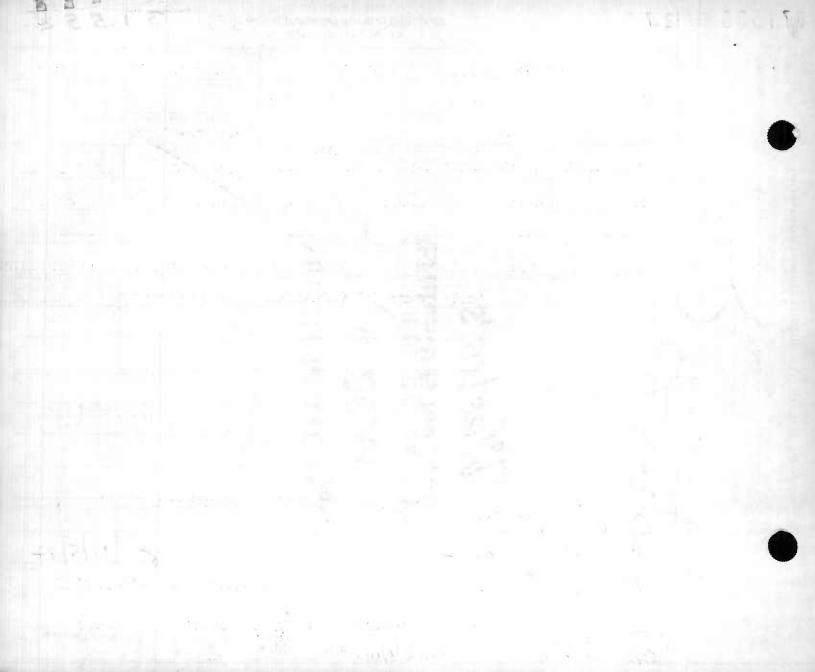
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST 20 DATE OF DEATH MONTH YEAR 26 HOUR MIDDLE 1. DECEASED NAME FIRST (TYPE OR PRINT) 87 04 Weidman 11 M. Mary 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS 5. DATE OF BIRTH 3. SEX 4 RACE MONTH DAY YEAR white Female 09 20 91 96 BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE ISLATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY Maryland DIVORCED [] Baltimore County U.S.A. WIDOWED 12b. KIND OF BUSINESS OR 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION IN CITY OR TOWN OF DEATH TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) W. Edmondale 5406 Addington Rd. Balti homemaker DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 USUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13e STREET ADDRESS 13a. STATE 1136 COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 21229 5406 Addington Rd Baltimore YES [NO W Maryland Edmondale IS MOTHER'S MAIDEN NAME 4 FATHER'S NAME MIDDLE LAST MIDDLE LAST FIRST Miller Mitchell Jacob Annie ADDRESS IAM WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT 21207 (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 2239 Southland Rd 214-74-2218 Doris T. Smith no APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for 10) 4b), and (c1.) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE to DUE TO, OR AS A CONSEQUENCE OF Canditions, if onv. which gave rise to immediate couse (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION a 70h, IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 70a AUTOPSY? ă IN CERTIFYING CAUSES OF DEATH? be NON YES Hygi 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 00 MONTH DAY YEAR HOUR A.M. OR CONTRIBUTING CAUSE OF DEATH Mental MEDICAL P.M LIF EITHER NOTIFY MEDICAL EXAMINER 21f LOCATION 214 INJURY OCCURRED 21e. PLACE OF INJURY CITY OF TOWN COUNTY STATE (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE 220.1 certify that (1) (this haspited) attended the deceased from saw the deceased alive of and that in (my) (aux) apinian death accurred on the date and haur and from the causes stated above (1) (we) (de) (de fiot) view the bady ofter death DEGREE 22¢ DATE/SIGNED ATTENDING MEDICAL STAFF be deta PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 774 PHYSICIANIS NAME 22e. ADDRESS ould b MD 5411 Old Frederick Rd 73c NAME OF CEMETERY OR CREMATORY 230. BURIAL CREMATION REMOVAL 23b. DATE CITY OR TOWN STATE (SPECIFY) Woodlawn Baltimore 11/07/87 Lorraine Park Cem. Md BP. burial 250 DATE REC'D. BY REGISTRAR 25 REGISTRAR STIGNATAIRE 24 FUNERAL DIRECTOR DHMH - 16 50M 1/8t (VRA 15. 4) Hubbard Funeral Home, Inc. 4107 Wilkens Ave

AND A SEE O AGN

4 may be ar, page 3 offer death		REGISTRAR CEASED NAME FIRST	MIC	DD1F	CERTIFICATE OF D		REG. NO.		
4 may be ar, page 3 ofter death	(TYP	E OR PRINT)		JULE	LAST	2	B. DATE OF DEATH MON	TH DAY YEA	R 2b. HOUR
4 moy ar, pog after de			Nettie E. Wei	17					10.1100K
off.	3. SE		4 RACE	<u> </u>	5. DATE OF BIRTH	6.	AGE (IN YEARS LAST BIRTHDA	Y) IF UNDER 1 Y	EAR IF UNDER 2
age irect		Female		asian	09/01/91	YEAR	96	YRS.	AYS HOURS
deoth. Page uneral direc hin 72 haurs of once	70 B	IRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	U.S.A.	HAT COUNTRY?	MARRIED NEVER	MARRIED L	Baltimore City or Co	OUNTY OF DEATH	1
by the filled with	-	Pikesville	11. NAME OF HO	FACILITY, GIVE STREET	G HOME OR OTHER INST	(Ra. USUAL OCCUPATION TYPE OF WORK FOR MOST OF WO HOTERAKET		OF BUSINES
24 hou filled in ould be must be	USU 13a.		ME OR OTHER INSTITUTION, GI OUNTY Baltimore	VE RESIDENCE BEFORE 31. CITY OR TOW Pikesvill	N 13d. INSIDE C		e street address 204 Purvis Plac		21208
ed within	J. F.	ATHER'S NAME FIRST Charles Frederic	MIDOLE	LAST-	15. MOTHER'S	S MAIDEN NAME FIRST Lie Flach	WIODIE		LAST
n and co		VAS DECEASED EVER IN U.S YES, NO OR UNKNOWN) (IF YE	S. GIVE WAR OR OATES)	66. SOCIAL SECU 220–44–4			rence C. Marine	l Bersburg Ma	rvland 2
ow requires that the been signed by the rmit. Then pleose re prior to burial, cremony injury, or other	CERTIFICATION	couse (a), stoting the underlying couse last PART 2 OTHER SIGNIFICA 19a DATE OF OPERATION	NT CONDITIONS CON					ON GIVEN IN PAR	16.1
The la cion.	RTIFIC						YES NO	YES _	NO 🗌
G PHYSICIAN: The International physicion. The this certificone has the buciol-tronst per and Mental Hygiene ked or Item, 18 shows	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O	HOUR A.M.	MONTH DA	19) (ENTER NATURE OF INJURY IN	ITEM 18 PART I ORPART	2)
or attendion of After this eas the bundalth and Manarked ar	MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF	FINJURY T, FACTORY, OFFICE, F	ARM, ETC }	ON	CITY OR TOWN	COUNTY	ST
R ATTENDIN haspital or RECTOR: Af and for use opt. of Healt tem 21 is ma		22a.1 certify that (1) (this h sow the deceased aliv above, (1) (we) (did) (d 22b. SIGNATURE			, and that in (my)	(our) opinion dec	, to oth occurred on the date o	and hour and from	, that (I) (withe couses state ATE SIGNED
O HOSPITAL OI O HOSPITAL OI TO FUNERAL DI should be detock with the State De	-	22d PHYSICIAN'S NAME (1	YPE OR PRINT) COU (A	7.0		PHYSICIAN D	MEDICAL STAFF DIRECTOR PHYSICIAN		1/25/1
TO HOSE retained TO FUNI should b with the IMPORTA		Dr. March BURIAL, CREMATION, REMO	all Levine		170		head Road	21207	
		SPECIFY)					CITY OR TOWN	COUNTY	STA



188-011-100885



070992	NOV -	a	OR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYD CERTIFICATE OF DEATH	REG. NO.	3 5 5 3
			CEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
noy be poge 3		(1112)	ALEX	MICHAEL	WEISENFREUND	NOVEMBER 1,	
4 mo		3 SE		4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
ecto ecto	- 1	3	MALE	CAUCASIAN	JÜNE 13, 1915	<u> </u>	'RS
	Confe		RTHPLACE (STATE OR FOREIGN SOUNTRY) VEW YORK	U.S.A.	MARRIED X NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COU BALTIMOR	E COUNTY MD.
South of the same	Dayled	10 €	BALTIMORE	5 POMONA NORTH	NG HOME OR OTHER INSTITUTION TAPPERS 6 (21208)	TROPRIETOR	126 KIND OF BUSINESS OR INDUSTRY RECAPPER
AND 213 24 hour filled in	must be	UŠU 13a.	AL RESIDENCE (IF NURSING HOME COLORS TATE MARYLAND 13b, COL	ROTHER INSTITUTION GIVE RESIDENCE BEFORE BALTINORE BALTITIES	MORE 138 INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP (
MARYL 1	exomine	14 F/	THER'S NAME ISAK	WEISEN		WIDDLE	BACHER
BALTIMORE, cate he exertal ysscreen ordinal	medicol		VAS DECEASED EVER IN U.S. A VES, NO OR UNKNOWN) YES WWII	RMED FORCES? IVE WAR OR DATES) -ARMY 059-10			APT. 6 POMONA NORTH 21208
quires that the death c signed by the attendir	ta burial, cremotion. or r njury, or other troumatic	NO	Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause last PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUENCE (b) DUE TO, OR AS A CONSEQUENCE (c) CONDITIONS CONTRIBUTING TO		AINAL DISEASE OR CONDITION	N GIVEN IN PART 110
DIVISION OF VITAL RECORDS, ING PHYSICIAN: The low require ottending physicion. Wher this certificate has been signs the buriol-transit permit. There	owigny	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED	200 AUTOPSY? 20b.	FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES NO NO
SION OF VITAL REPRYSICIAN: The loending physicion. This certificate has the burial-transit perior	tem 18 sho		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI	HOUR A.M. MONTH	DAY YEAR	RED (ENTER NATURE OF INJURY IN ITE	M 18 PART I OR PART 2)
DIVISION O ING PHYSIC r ottending After this cer os the burio	ked	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE	211 LOCATION	CITY OR TOWN	COUNTY STATE
HOSPITAL OR ATTENDING by the hospital or FUNERAL DIRECTOR. A Mid be detached for use	F fem 21 is		22a. I certify that (I) (this has	CA steel view the body after death.	DEGREE ATTENDING PHYSICIAN 122e ADDRESS 7//	death occurred on the date on MEDICAL STAFF DIRECTOR PHYSICIAN	thou ond from the couses stated 22c DATE/SIGNED 11 (2 F) BARA AP 212 1
D € 0 €	₹ <u>₩</u>	23a	BURIAL CREMATION, REMOVA		TYZE CHATM CEMETERY	PALTAMORE	MARYLAND STATE
DHMH - 16 60 (VRA 15		24 F	UNERAL DIRECTOR SOL LE NAME SOL LE D10 REISTERSTON	EVINSON & BROS	INC. MD 21215	te recid. By registrar 25b. Ri	EGISTRAR'S SIGNATURE

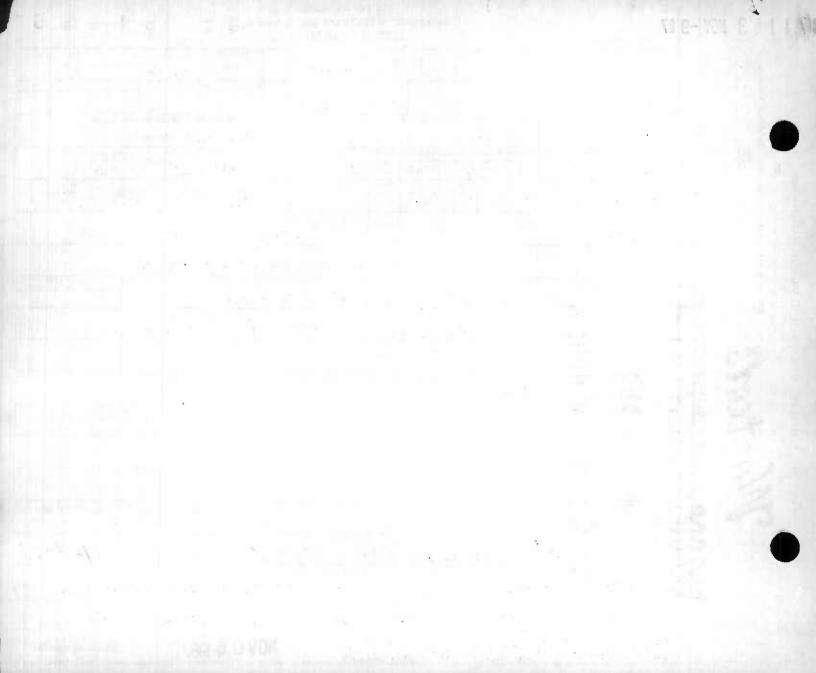


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STATE OF MARYLAND

1630 EDMONDSON AVE. CATONSVILLE MD. 21228

(VRA 15, 4)



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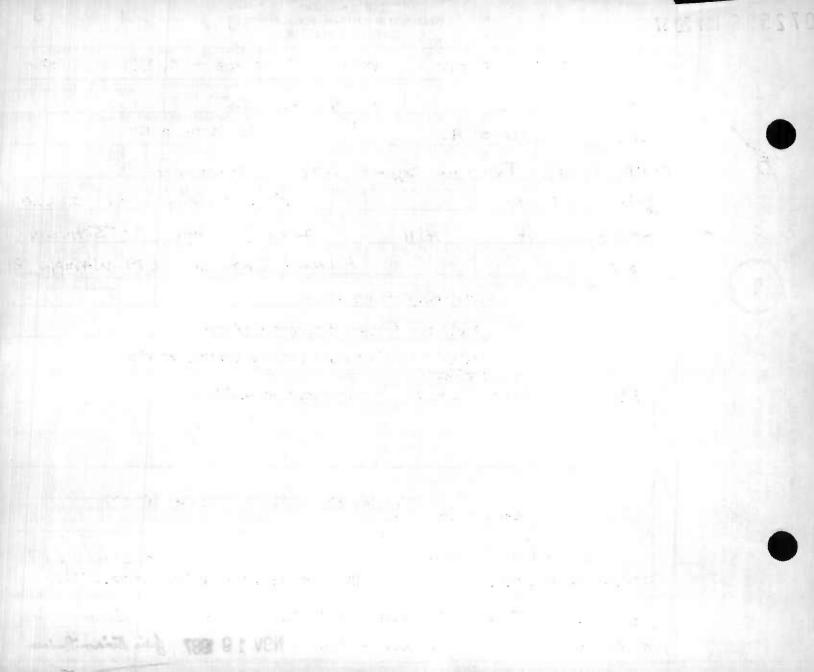
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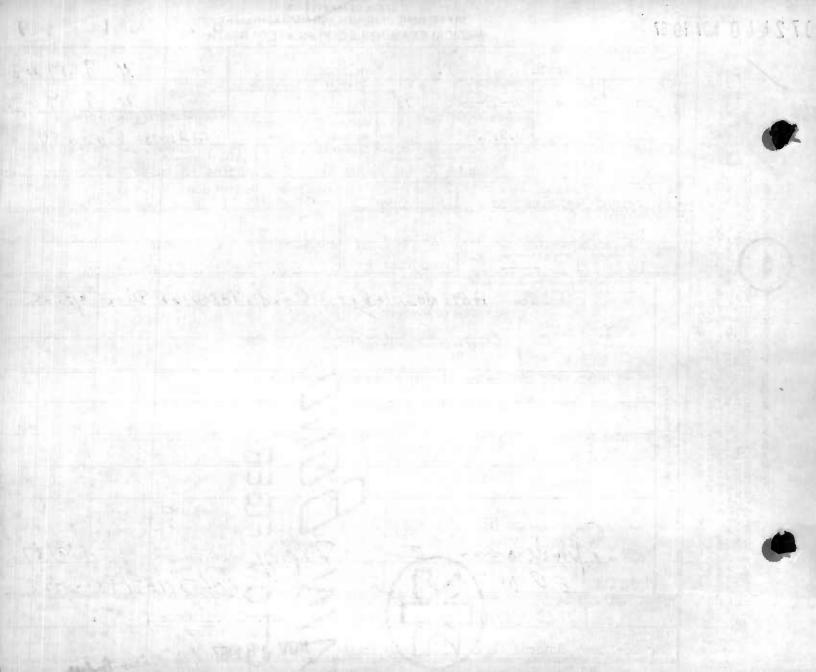
J.J. Hartenstein

Dundan

STATE OF MARYLAND 072586 NOV 20 87 STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE 🔀 CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH MONTH I. DECEASED NAME 2b. HOUR [TYPE OR PRINTS WHITE 11:45a Mabel November 16, 1987 Theresa 3. SEX 4. RACE 6 AGE (IN YEARS LAST BIRTHDAY) 5. DATE OF BIRTH IF UNDER 24 HRS YEAR BALTIMORE CITY OR COUNTY OF DEATH 70. BIRTHPLACE I STATE OR FOREIGN TE CITIZEN OF WHAT COUNTRY MARRIED P NEVER MARRIED Baltimore County WIDOWED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 17h KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY House WiFe 13a. STAT 13c. CITY OR TOWN 13e STREET ADDRESS / ZIP CODE BAlto WAMPIET Rd. 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Idn >0004V MAC ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 166 SOCIAL SECURITY NO. (IF YES, GIVE WAR OR DATES) LYES NO OR UNKNOWN) EdWArd APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiorespiratory arrest PRESTON ST. DUE TO, OR AS A CONSEQUENCE OF Adult respiratory distress syndrome Conditions, if any, which gove rise to immediate couse (o), stoting Presumed sepsis versus massive cerebrovascular underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTROL TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 CERTIFICATION hypertension, obesity, cerebrovascular accident 96 CONDITION FOR WHICH OPERATION WAS PERFORMED 20s AUTOPSY? 206. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION ò IN CERTIFYING CAUSES OF DEATH? NAF YES [21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2) 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINERS 21d IN JURY OCCURRED 211 LOCATION 21e PLACE OF INJURY 0 CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) marked NOT WHILE 22a.1 certify that (1) (this haspital) attended the deceased from October sow the deceased alive an November 16 19 87, and the above, (1) (we) (did) (did not) view the body after death. 30 November and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 226 SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL be deto DIRECTOR PHYSICIAN PHYSICIAN [77d PHYSICIAN'S NAME (TYPE OF PRINT) the S IMPORT, 9000 Franklin Square Dr., Balto., 21237 Richard Starke, M.D. shoul with 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 236. BURIAL, CREMATION, REMOVAL 23b. DATE CITY OF TOWN Hill Cemeta BUTIA MO 24 FUNERAL DIRECTOR DHMH - 16 60M 7/84 1206 MORESS NORTH Brown (VRA 15, 4)



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 17744 NOV 1918 TATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH I. DECEASED NAME 2a. DATE KNOWN MONTH (TYPE OR PRINT) ESTI-F. Wilhelm Horace DEATH MATED WITHIN 72 HOURS 4. RACE 3. SEX 5. DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR IF UNDER 24 HRS. DATE AST BIRTHDAY PRONOUNCED White Male 03-29-1908 79 DEAD To BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH FOREIGN COUNTRY)
Maryland MARRIED NEVER MARRIED U.S.A. WIDOWED DIVORCED ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OCCUPATION LITYPE OF WORK 17h KIND OF BU Catonsville Route 70 and Route 695 Marine Engineer Merchant Miner USUAL RESIDENCE HEIN NURS 13a STATE 13c CITY OR TOWN 13d. INSIDE CHY LIMITS? 13e STREET ADDRESS Baltimore Maryland Baltimore YES NO Ednor Road 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Herbert Wilhelm Ella Painter 17. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. ADDRESS No 218-01-9338 Rose M. Wilhelm 3901 Ednor Road CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I DEATH WAS CAUSED BY TING THE WORD "PENDING" IN PENCIL IN THE DED TO THE CHIEF MEDICAL EXAMINER ALONG TO THE CHIEF MEDICAL EXAMINER ALONG THE CHIEF MEDICAL EXAMINER OF HEALTH AND MENTAL HYGHEN I PRIOR TO BURIAL, CREMATION, OF REMOVER DUE TO OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF DIVISION OF VITAL RECORDS, 201 W. lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19g. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? NO . 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 211. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR UNDERLYING CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 21f. LOCATION AT WORK AT WORLE EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 33 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE 22a I certify that I took charge of the remains described above, held an Autopsy and in my apinion Natural causes death resulted from Homicide Undetermined manner EXAMINER'S NAME (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL Church Creek, 11/13/87 Old Trinity Church Cem. Burial BP 25g, DATE REC'D. BY REGISTRAR 25b, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR **DHMH - 17** Burgee-Henss Funeral Home 3631 Falls Road (VR A15 ME (5) 20M 4/82



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	REGISTRAR		CERTIFICATE OF DEATH	REG. NO).					
	ECEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH	MONTH DAY YEAR 76 HOUR					
(111	Fletche	r WILLIAMS		November 16	, 1987 4:30 a m					
3. 5	EX 4	RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRT	HDAY) IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.					
	M	B	MONTH 3 1915	72	YRS.					
7a 8	SIRTHPLACE (STATE OR FOREIGN 76	CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	9 BALTIMORE CITY OF	R COUNTY OF DEATH					
	5.6.	U.S.A.	WIDOWED DIVORCED [□ Baltimore C	ounty MD					
10.0	CITY OR TOWN OF DEATH	NAME OF HOSPITAL, NURS	ING HOME OR OTHER INSTITUTION	17a USUAL OCCUPATION						
	Mosedole	Franklin S	Square Hospital	Brick lay	yer Construction					
	STATE 136 COUNTY	13c CITY OR TO	WN_ 13d INSIDE CITY LIMITS							
	Mg. Batt	o Turneys		1119 Main	St. 21222					
14. F	ATHER'S NAME	DOLE LAST	15. MOTHER'S MAIDEN I	WIDDLE	LAST					
	Henry	Stukes	Johnet		Wilson					
	WAS DECEASED EVER IN U.S. ARME (YES, NO OR UNKNOWN) (IF YES, GIVE Y	VAR OR DATES)		ADDRE	Enzy Manhion Will					
		247-26	-8745 Mrs. Mary	liller 39 Mol						
	18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	one couse per line for (a), (b), a	and (c).)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH					
	IMMEDIATE	CAUSE (0) Cardiopu	Imonary Arrest							
	Conditions, if ony, which (th) Cardiovascular Accident									
	gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF									
	underlying couse lost. (c)									
z	PART 2 OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TE	RMINAL DISEASE OR COND	OITION GIVEN IN PART 110					
CERTIFICATION	190 DATE OF OPERATION	Tipe CONDITION FOR WHIC	H OPERATION WAS PERFORMED	200 AUTOPSY?	206 IF YES, WERE FINDINGS USED					
FICA	190 DATE OF OPERATION	190 CONDITION FOR WHIC	H OFERATION WAS FERFORMED		IN CERTIFYING CAUSES OF DEATH?					
RT	710. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	Tale HOW INHURY OCC	URRED (ENTER NATURE OF INJUR	YES NO					
	OR CONTRIBUTING CAUSE OF DEATH	LIQUID A M. MONITH	DAY YEAR	ORRED TENIER NATURE OF INJUR	TINTIEM IS PART I ORPART 2)					
MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	211 LOCATION							
MED	WHILE NOT WHILE	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE		CITY OR 1 OV	WN COUNTY STATE					
	AT WORK AT WORK		00+05-00-17	November 1	. 16 07					
	220.1 certify that X) (this hospital) attended the deceased from October 17 , 19.87 , to November 16 , 19.87 , that XI (we) last sow the deceased alive on November 10 , 19.87 , and that in XIV (aur) opinion death occurred on the date and hour and Iram the causes stated obove, (we) (all XIV) (do not x view the body after death.									
		view the body alter death.		on death occurred on the do						
	776. SIGNATURE	ele	DEGREE ATTENDING	S MEDICAL STAF	220 DATE SIGNED					
1	77d. PHYSICIAN'S NAME (TYPE OR P	RINT)	PHYSICIAN 220 ADDRESS	DIRECTOR PHYSIC	IAN					
	A min	-060	To the second second second second	lin Causes D	21227					
1	17. 11111	och A, M.D		(lin Square Di	1., 21231					
72										
23o	BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATOR	Z3d. LOCATION	COUNTY A STATE					

DHMH - 16 50M 4/83 (VRA 15, 4)

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician

24 FUNERAL DIRECTOR

haurens

250 DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE NOV 1 9 1987 Julia Devices Lo

117-09-01-17-0

STATE OF MARYLAND			
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	8	7	

3

FOR 1 - STATE REGISTRAR	DI		HEALTH AND MENTAL HYG FICATE OF DEATH	REG. NO.	3 5	5 2	
THEASED NAME FIRST	MIDDLE		LAST	20. DATE OF DEATH MON		2b. HOUR	
Beatr	rice 0.	W	lilson	1 11	0487	5:30 PM	
3. SEX	4 RAÇE		OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY	MONTHS DAYS	IF UNDER 24 HRS	
Female	White	Aug	ust 20, 1923	64	YRS.	HOURS MIN.	
70. BIRTHPLACE STATE OR FOREIGN	76. CITIZEN OF WHAT COL	JNTRY? 8.	DENEVER MARRIED	9 BALTIMORE CITY OR CO	OUNTY OF DEATH		
North Carolina	USA	WIDOW		Baltimore Co	ountv	MD.	
10. CITY OR TOWN OF DEATH Baltimore	11. NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY, GI	VE STREET ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPATION [TYPE OF WORK FOR MOST OF WOR Cafeteria Ba]	KING LIFE) INDUSTRY	of Ed.	
HUAL RESIDENCE 14 NURSING HOME OF 136. STATE 136. COU Maryland Ba	NTY I3t. CITY C		134 INSIDE CITY LIMITS? YES NOXX	13e.STREET ADDRESS / ZIP 7557 Westfi		21222	
Miller	_	ner	15 MOTHER'S MAIDEN NA FIRST Cora	ME MIDDLE Etta	ı,	sı İussey	
160 WAS DECEASED EVER IN U.S. A	RMED FORCES? 16b. SOCIA	AL SECURITY NO.	17. INFORMANT	ADDRESS			
NO NO OR UNKNOWN)		-32-7902	Howard M. W.	ilson 7557 Wes			
18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	TE CAUSE (a) Con	gestiv	e Weart f	isease fai	lune 2	STORY ON SET AND DEATH	
Conditions, if any, which gave rise to immediate cause (o), stating the underlying cause last.	gave rise to immediate cause (o), stating the DUETO, ORAS A CONSEQUENCE OF						
PART 2 OTHER SIGNIFICANT	CONDITIONS <u>CONTRIBUTI</u>	NG TO DEATH BU	T NOT RELATED TO THE TERM	NINAL DISEASE OR CONDITIO	ON GIVEN IN PART I	a	
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR	WHICH OPERATION	DN WAS PERFORMED	200 AUTOPSY? 20b	. IF YES, WERE FINDI CERTIFYING CAUSES YES	NGS USED S OF DEATH?	
OR CONTRIBUTION TO CAUSE OF DE	AIH	TH DAY YEAR		RED (ENTER NATURE OF INJURY IN I	TEM 18 PART I OR PART 2)		
(IF ETHER NOTIFY MEDICAL EXAMINE 21d IN JURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY		211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE	
220 I certify that (I) (this hasp sow the deceased alive a abave, (I) (we) (did) (did n		19	nd that in (my) (aur) apinion	death accurred on the date a		that (I) (we) last couses stated	
226. SIGNATURE	Rybolt		DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	_ 11-	SIGNED 4-87	
ANN H	Rybolt		5200 Eq	cham Center, 1 Stern Ave., 1	Baltimore	MD 2122	
230 BURIAL, CREMATION, REMOVA (SPECIFY) Burial	236. DATE 11-7-87	Oak La	CEMETERY OR CREMATORY	23d LOCATION CITYOR TOWN Baltimore	Maryland	STATE	

DHMH - 16 50M 4/83 (VRA 15, 4)

Duda-Ruck Funeral Home of Dundalk 7922 Wise Ave. Dundalk, MD 21222 24 FUNERAL DIRECTOR 21222

Baltimore Maryland

BY REGISTRAR 23 REGISTRAR'S SIGNATURE dia Davidson Rondoll

DHMH - 16 60M 7/B4 (VRA 15, 4)

ETine Funeral Home, Hampstead

Cremation

24 FUNERAL DIRECTOR

Cremation

Carroll

Hampstead Carroll 250. DATE REC'D. BY REGISTRAR'S SIGNA dia Dundern Pa

26 HOUR 5:00P IF UNDER I YEAR IF UNDER 24 HRS

BALTIMORE CITY OR COUNTY OF DEATH

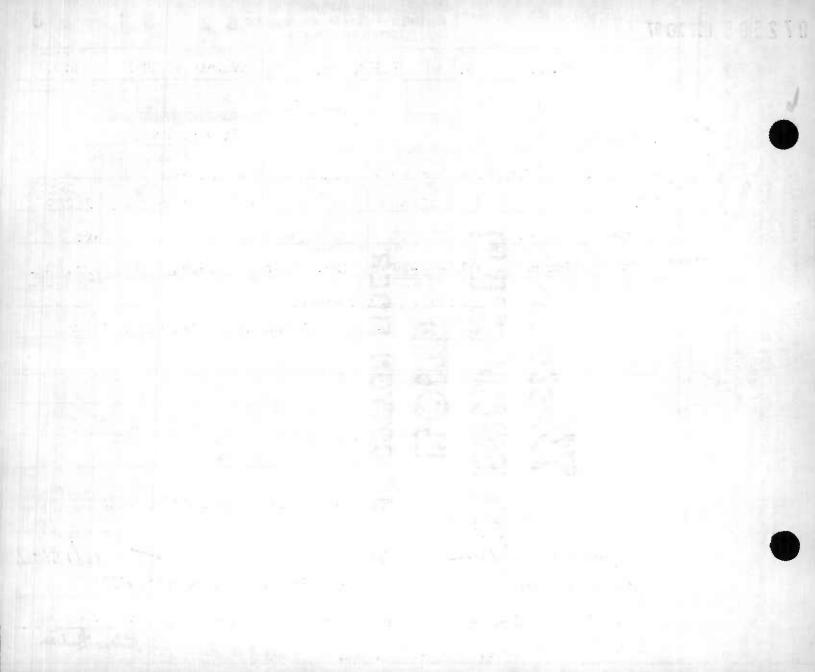
126 KIND OF BUSINESS OR

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IN CERTIFYING CAUSES OF DEATH?

COUNTY STATE

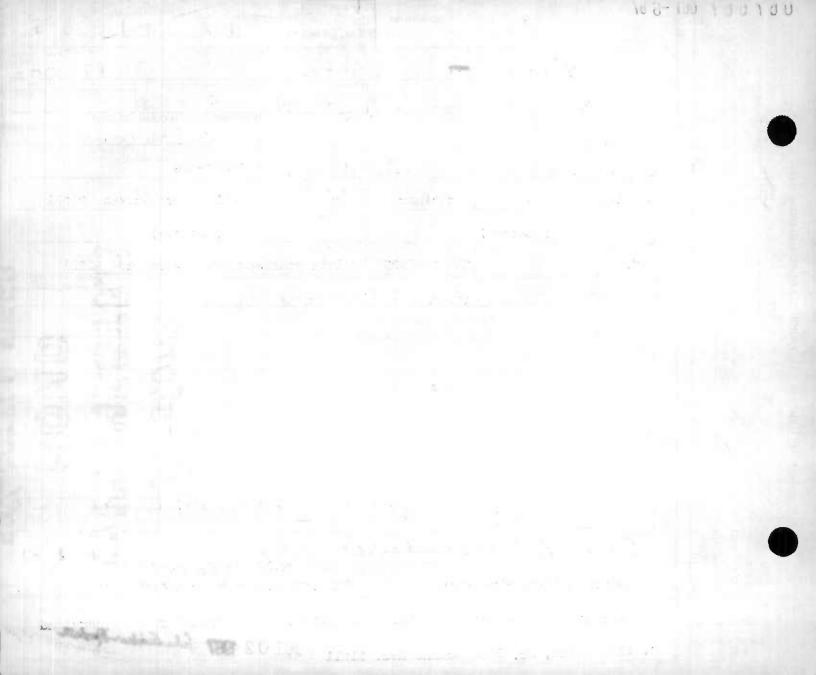
22c. DATE SIGNED



					E OF MARYLAND			
3 4 5 1 DEC -	11,	FOR - STATE - TREGISTRAR			HEALTH AND MENTAL HY FICATE OF DEATH	GIENE 8 7	3	5 6 4
		CEASED NAME FIRST	MIDDL	E	LAST	20 DATE OF DEATH MON	ITH DAY Y	EAR 26 HOUR
moy be poge 3 er deoth	{TYP	E OR PRINT) TEC	MA !	WINK	FLMAN	11	26 8	7 11:45 PM
moy pog	3. SE		4. RACE		OF BIRTH	6. AGE (IN YEARS LAST BIRTHDA		
ige 4 rectai	1	+ EMALE	whit	E 800	H DAY YEAR	76	YRS	DAYS HOURS MIN.
P. P		IRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHA	AT COUNTRY?	D NEVER MARRIED	9 BALTIMORE CITY OR CO	DUNTY OF DEA	
8 100	1	MD	100H	WIDOW		BALILA	10KE	County MD.
8	10 0	Touson		EILITY, GIVE STREET ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO	RKING LIFE) 126 K	ind of Business or Jousework
filled in	USU 130.	AL RESIDENCE (IF NURSING HOM		RESIDENCE BEFORE ADMISSION	13d. INSIDE CITY LIMITS?	13 STREET ADDRESS / ZIF	CODE	1572/22
pletely bd 2 str	IA F	Samuel	WIDDIE	achiner	15 MOTHER'S MAIDEN N	AME		Weigand
and con		WAS DECEASED EVER IN U.S.		SOCIAL SECURITY NO. 215-10-8212	17 INFORMANT William J.	Winkelman Jr.		
1	H	18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU				7		APPROXIMATE INTERVAL TWEEN ONSET AND DEATH
9	ĺ		JSED BY	Acute ante	rior Met			
1			DUE TO, OR AS	A CONSEQUENCE OF				
otte nove ation froum		Conditions, if ony, which	((b)					
er a		gove rise to immediate couse (0), stating the	DUE TO, OR AS	A CONSEQUENCE OF				
d by lease of, crost		underlying couse lost	(c)					
hen p o bur jury,	z	PART 2 OTHER SIGNIFICAN	IT CONDITIONS CONT	RIBUTING TO DEATH BU	T NOT RELATED TO THE TER	MINAL DISEASE OR CONDITIO	ON GIVEN IN PA	ART 110
	CERTIFICATION	19a DATE OF OPERATION	TION CONDITION	N FOR WHICH OPERATION	DN WAS BEREORMED	20a AUTOPSY? [20]	AF YES WERE I	FINDINGS USED
permi	5	DATE OF OPERATION	176 CONDITION	TOR WINCH OF ERATIN	DIT WAS FERI ORMED	IN IN	CERTIFYING CA	AUSES OF DEATH?
0 % 00	ERT	210. ACCIDENT WAS UNDERLYING	21b. TIME OF IN	JURY	21c HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN	YES	NO [
ol-tron tol Hy		OR CONTRIBUTING CAUSE OF	DEATH HOUR A.M.	MONTH DAY YEAR		(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
# 6 2 2	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMI	P.M. 21e PLACE OF II	NILIDY	211 LOCATION			
9 0 0	MEC	WHILE NOT WHILE	(AT HOME STREET F	FACTORY OFFICE FARM ETC	STREET	CITY OR TOWN	COUN	NTY STATE
olth or marke		AT WORK AT WORK		reased from 11	26/8) 10 8	7	7 10 8	7
He Les		220.1 certify that (1) (this has sow the deceased alive		ceosed from		n death occurred on the date of	and hour and fra	the couses stated
1200		obove, (1) (we) (did) (did	nat) view the body afte	r deoth.	DEGREE	. Toom occorred on the dove o		DATE SIGNED
DIRECTOR DIR		R LI	Kal Ms			MEDICAL STAFF		
RAL det	1	22d PHYSICIAN'S NAME (TY	Kaku Ms		PHYSICIAN 22e ADDRESS	DIRECTOR PHYSICIAN		11/26/87
should be deta with the State [IMPORTANT: If			Kahn, MO	3	2850 AO	rk Rd. Ba	.Ito r	7 21212 be
0 4 3 ₹ 1	230	BURIAL, CREMATION, REMOV (SPECIFY) Burial	AL 23b. DATE		CEMETERY OR CREMATORY	23d LOCATION	2000	STATE
		Durial	11-30-8	Sacreo	Heart of Jes	ous Dundalk. Ba	to.Co.	Md.
AH - 16 60M 7/84		UNERAL DIRECTOR			25a D	ATE PECA BY RECISION R 256	REGIST	Shrijimkye K
(VRA 15, 4)	10	rarles S. Zeil	er & Son In	rc. 6224 Fas	tern Ave.	ION OC BOI		

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3		FOR STATE REGISTRAR		DEPAR	TMENT OF H	OF MARYLAND EALTH AND MENTAL HYG CATE OF DEATH	REG. NO.	1 5	6 6
12858	NOV 24	PECEASED NAME	FIRST	MIDDLE	LA	51	2a. DATE OF DEATH MONTH	DAY YEAR	26 HOUR
be be		(TYPE OR PRINT)	Μ.	GRACE	V	OLF	NOVEMBER 20	, 1987	1:40Pm
moy be	,	3. SEX	4. R.	ACE	S. DATE O		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
actor of the		Fema1	e	White	Aua.	6, 1897	90 YRS	MONTHS DAYS	HOURS MIN.
Page Page	Adj	To BIRTHPLACE (STAT		TITIZEN OF WHAT COUNTRY	(2 8	□ NEVER MARRIED □	9. BALTIMORE CITY OR COUN	TY OF DEATH	
orth.	35	Marylan	d t	J.S.A.	WIDOWE		Baltimore C	ountv.	MD.
		10 CITY OR TOWN OF	DEATH 11.	NAME OF HOSPITAL, NURS	ING HOME O		120 USUAL OCCUPATION	12h KIND O	F BUSINESS OR
5 4 6	(3)	21234		Meridian C		1 N.H.	Homemaker	LIFE) INDUSTRY HON	10
5	- B	USUAL RESIDENCE (#	NURSING HOME OF OTHE	R INSTITUTION, GIVE RESIDENCE BEFO	ORE ADMISSION)		13e. STREET ADDRESS	1 11011	
A September 2	38	Marylan		imore 2123		13d. INSIDE CITY LIMITS? YES NO X	1920 Edgewo	od Rd.	21234
YLA thin tely		14. FATHER'S NAME			-	15. MOTHER'S MAIDEN NA	ME		
MAR de	40	Vince	n t	Ambros	g _A	Mary	Theresa	An	netrano
		160. WAS DECEASED E	VER IN U.S. ARMED	FORCES? 166. SOCIAL SEG		17. INFORMANT	ADDRESS		
	medico	YES, NO OR UNKNOW!	N) (IF YES, GIVE WA		-2369	E. Russell	Wolf, Jr. Ba	1to M	ID 21234
ALTIA rice be	T F	18 CAUSE OF D	EATH (Enter only or	ne couse per line tax in Librar		ñ	N	APPROXI	MATE INTERVAL DISET AND DEATH
; f	, cremation, or removed other traymotic event,	PART I. DEAT	TH WAS CAUSED BY	(Bra		monant a	mest		
N ST	or re		IMMEDIATE CA	DUE TO, OR AS A CONSEQ	1/	1	0 0.		
PRESTON he death ce	on,	Conditions, if	ony, which	(b)	te	Misocardia	l interction	n.	
he of	emor er fro	gove rise to		DUE TO, OR AS A CONSEQ	LIENCE OF	0			
≯ 5 5 5 5	or othe	underlying c		(c)	OEINCE OF		U		
20 20	1 -	PART 2 OTHER	SIGNIFICANT CON	The second secon	DEATH BUT	NOT RELATED TO THE TERM	NINAL DISEASE OR CONDITION G	IVEN IN PART 110	3
DIVISION OF VITAL RECORDS, NG PHYSICIAN: The low requir ther this certificate has been sign of the huriodistransis pagen; Teach the states of	후 근	NO A	-S - C.V	(·()).					
low red	ony i	190 DATE OF OP	ERATION	196. CONDITION FOR WHIC	H OPERATION	WAS PERFORMED	200 AUTOPSY? 200. IF Y	ES, WERE FINDIN	IGS USED
ALR on.	2 0 0	H.						YES [NO [
VIT N. T. Wasicia		210. ACCIDENT WA	S UNDERLYING	216. TIME OF INJURY	DAY VEAD	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 1	B PART I OR PART 2]	
N OF SICIAL ING Ph	A them 18	OR CONTRIBUTING	CAUSE OF DEATH	P.M.	19				
PHYShending this ce		(# EITHER NOTIFY	CURRED	21e. PLACE OF INJURY		21f. LOCATION	CITY OR TOWN	COUNTY	STATE
IVISION Offer the results of the res	rked	ALUITE N	OT WHILE	AT HOME STREET, FACTORY, OFFICE	E, FARM, ETC.)	378627			
00 4	of Health one	220.1 certify the	ot (I) (this hospital)	attended the deceased from	6	20/ . 1987	, to 11-20-	, 19 82	that (I) (we) last
R ATTEN Hospital	23 is	sow the de	ceased alive on	ew the body after death.	8 , on	d that in (my) (aur) apinion	death accurred on the date and h	our and from the	couses stated
OR A PORE	o Dept.	226 SIGNATUR		The body one dedy.		DEGREE		22c. DATE	SIGNED
AL D	T. F		Wan A	200		MT ATTENDING PHYSICIAN	MEDICAL STAFF	11-	20-87
E o B	ORTANT: If	22d. PHYSICIAN	'S NAME THIRD	NI)		22e ADDRESS			
: ;	with the State			Tun,	M.D.	1006 Tay:	lor Ave. 583-	9130	
5 5 5 5	3 3	23a BURIAL, CREMATI		3b. DATE 236	c. NAME OF CE	METERY OR CREMATORY	23d LOCATION		
BP		BURIAL	I	JOV.23, 87	BALTIM	ORE NATIONA	AL BALTIMORE.	MARYLA	AND
DHMH - 16 50	M 1/B!	24 FUNERAL DIRECTO	OR .			25a. DAT	V 2 3 1987		
(VRA 15		WILLTAM	E. JOHNS	SON 8521 LO	CH RAV	EN BLVD.NO	V 23 1987 July	a peraun	Kurders



991 NOV-		FOR STATE REGISTRAR			MENT OF H	EALTH AND MENTAL HYG ICATE OF DEATH	REG. N	
4 may be or, page 3 other death		CEASED NAME FIRST BE	/	KALUS	S. DATE C	F BIRTH 12, DAY 1931 YEAR	20 DATE OF DEATH 6. AGE (IN YEARS LAST BIR	MONTH DAY YEAR 26 HOL
seath. Page		ATHPLACE ISLATE OR FOREIGN MARY LAND	16 CITIZEN OF W	HAT COUNTRY?	8 MARRIEI WIDOWE	NEVER MARRIED DO DIVORCED		PR COUNTY OF DEATH
of the fact of the	7	AL RESIDENCE (IF NURSING HOME	(IF NOT IN SUCH	SPITAL, NURSIN FACILITY, GIVE STREET IVE RESIDENCE BEFORE	ADDRESS)	Anspice	AGENT	ION DE WORKING LIFE) 12b. KIND OF BUSINE TRAVEL
ribin 24 h	13a. S	MARYLAND 136 CO	BALTIMORE	BALT IM		15. MOTHER'S MAIDEN NA	ME	ING WOOD RD. 2120
cuted w		BERNARD VAS DECEASED EVER IN U.S. A		KALUS	RITY NO.	MOLLYE 17 INFORMANT	MIDDLE	LEVIN 21208
erthicate be execting physician and populers. Page removal.	()	IS CAUSE OF DEATH (Enter PART I. DEATH WAS CAU		217-54-7			WOLINS 831	9 BURNING WOOD RI
ow requires that the tree signed by the rmit. Then please ret prior to burial, crea any injury, or other	CERTIFICATION	couse (a), stating the underlying couse last. PART 2 OTHER SIGNIFICAN 19a DATE OF OPERATION	T CONDITIONS COR		DEATH BUT	NOT RELATED TO THE TERM	IN AL DISEASE OR CON	DITION GIVEN IN PART 1:0 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEAT
ivisician: The lo ding physicion. is certificate hos buriol-tronsit per Mentol Hygiene per Mentol Hygiene per mentol Hygiene per mentol Hygiene per		2]0. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF I	DEATH HOUR A.M	. MONTH D	AY YEAR	21c. HOW INJURY OCCURI	YES NO	YES NO
or offending After this ce as the burell hand Memorked or hand marked or hand hand hand hand hand hand hand hand	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK 220.1 certify that (1) (this ha		ET, FACTORY, OFFICE, F	ARM ETC)	211 LOCATION STREET	CITY OR TO	OWN COUNTY ST
DR ATTENI e hospital ORECTOR: ched for us Dept. of He Hem 21 is		sow the deceased alive	on the body o	Her douth.		DEGREE ATTENDING PHYSICIAN	MEDICAL STA	late and hour and from the causes sta
TO HOSPITAL (retained by the TO FUNERAL IS should be deto with the State IMPORTANT; If	23 a E	OF EBRA P. SURIAL, CREMATION, REMOV. SPECIFY BURIAL	im 7				MARIS HOSPI	
DHMH - 16 60M 7/84 (VRA 15, 4)	24 FL		LEVINSON	& BROS.,	INC.	25e DAT		TOWN BALTIMORE N

WE AND THE STATE OF THE SECOND STATE OF THE SE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE OF DEATH 26 HOUR Grant 4. RACE & AGE (IN YEARS LAST BIRTHDAY IF UNDER 24 HR 3. SEX 5. DATE OF BIRTH IF UNDER TYEAR 1910 White 8 BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE 7h CITIZEN OF WHAT COUNTRY? MARRIED X NEVER MARRIED Maryland U.S.A. WIDOWED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OF OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR This pector Brossing USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, G 13e. STATE 136. COUNTY Westminster 601 Washington Rd. 21157 Maryland Carroll 4) EATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Florence Myers Frederick Grant Yingling 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17. INFORMANT ADDROOL Washington Rd. YES, NO OR UNKNOWN HE YES, GIVE WAR OR DATEST 214-01-0402 Ethel Abbott Yingling West.Md. 211 No 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c SERSES PART I. DEATH WAS CAUSED BY SUN AROME Duspur dous IMMEDIATE CAUSE 10 DUE TO, OR AS A CONSEQUENCE OF METABOLIE ENCOPHALOPATHY Conditions, if ony, which gave rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF DOSEASE AND SUPERFY weeks underlying couse lost. RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT ATHEROSCLEROSCS PROSTATE CANCER CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? ANGINA UNSTABLE PERPORCS 10.22.87 NON YES T 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH P.M (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION ö COUNTY CITY OR TOWN STATE (AT HOME STREET, FACTORY OFFICE FARM ETC ! NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from 10 sow the deceased alive an_ (aut) opinion death accurred on the date and hour and from the causes stated above, (1) (wet (and) (did not) view the body after death 226. SIGNATURE 22c. DATE SIGNED DEGREE FRACS FACS ATTENDING MEDICAL DIRECTOR PHYSICIAN PHYSICIAN MPORTANT should be a 22e ADDRESS SAINT JOSEPH NELONOTZI 0 23¢ NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL Burial Westminster Carroll Md. Meadow Branch 11-10-87 etcher & Son F. H250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 East Main Street (VRA 15, 4) Jandson P tminster. Md.

wondered and string and subject of

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

whe Davidson-Adaptate

072975 NOV125187 CERTIFICATE OF DEATH REG. NO 20. DATE OF DEATH I DECEASED NAME MIDDLE FIRST 26 HOUR (TYPE OR PRINT) KATHRYN E. ZIMMERMAN November 4 RACE 6 AGE (IN YEARS LAST BIRTHDAY) UNDER I YEAR 3 SEX 5 DATE OF BIRTH IF UNDER 24 HE YEAR Female White 66 To. BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED Pennsylvania U.S.A. DIVORCED [Baltimore County, WIDOWED I CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Glendale Social Worker Balto. City 6756 Glenkirk Road SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONI 3a STATE 13b. COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE Maryland Baltimore Glendale 6756 Glenkirk Road 21239 YES T NOX 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Alvin Walker Hallie C. Coleman 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT ADDRESS LYES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 195-16-2804 Ray D. Zimmerman Same as #13. APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for 10 (b), and ic ... PART I. DEATH WAS CAUSED BY mounte IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which melastaine gave rise to immediate cause 101, stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 190 DATE OF OPERATION 206 IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION CITY OR TOWN COUNTY STATE AT HOME STREET FACTORY OFFICE FARM ETC) NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from saw the deceased alive on_ and that in (my) (and apinion death occurred an the date and hour and from the causes stated above All (worlde) (did not) view the bady after death. DEGREE 220 DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 224 PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS G.B.MC. Towson, Md. 21204 Albert Blumberg, M.D. 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 23d LOCATION (SPECIFY) CITY OR TOWN COUNTY Cremation Nov. 20, 1987 Westview Crematory Baltimore, Maryland 24 FUNERAL DIRECTOR 250, DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE ADDRESS 1050 York Road

Ruck Towson Funeral Home, Inc. Towson, Md. 2120

DHMH - 16 60M 7/84 (VRA 15, 4)